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**“Violence and aggression although not acceptable will happen, can happen and does happen”: a study of staffs’ experience of violence in child and family services.**

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Doctorate in Clinical Psychology  
The University of Edinburgh  
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**D.CLIN. PSYCHOL.  
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*Submitted in part fulfilment of the degree of doctorate in Clinical Psychology at the University of Edinburgh*

*Date Submitted: 1<sup>st</sup> August 2013*

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## **ACKNOWLEDGMENTS**

I would like to firstly express my thanks and appreciation to the residential workers who so kindly participated in my research. Particularly to those who gave up their time to participate in face to face interviews. They provided me with an abundance of rich material without which this project would not have been as interesting or thought provoking. I would also like to thank my supervisors Dr Ethel Quayle and Dr Jill Cossar for their unwavering support and guidance which has dragged me through the toughest parts of this process. I would also like to acknowledge the support I have received from my colleagues: both those who have been through the process themselves and those who never really understood what I was doing. Particular thanks must go to Karen for taking time to proof read this monster for me.

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I dedicate this to my late grandparents who I only wish could have been here to see me achieve this mammoth task and who I know would be very proud.

## **CONTENT AND FORMAT**

This portfolio consists of five chapters: a Systematic Review, a Journal Article, an extended Methods section, an extended Results section and a Conclusion.

The first chapter explores past research on child and family social workers experiences' of workplace violence; chapter two presents an empirical study of residential staffs' experience of workplace violence; and chapter three provides additional information about the methodology of the empirical study. Due to the limited word allowance in the journal article presented in chapter two additional results from the empirical study are presented in chapter four and chapter five provides a concluding summary of these additional results.

Chapter one was written up for submission to 'The British Journal of Social Work' and as such adheres to their author guidelines (see Appendix 10). Chapter two was written for submission to the journal 'Child and Family Social Work' and therefore adheres to their author guidelines (see Appendix 11). Chapter's three, four and five follow guidelines issued by the University of Edinburgh's Doctorate in Clinical Psychology handbook.

Throughout this portfolio children and adolescents looked after by the Local Authority are referred to as looked after and accommodated children (LAAC) or young people. For presentation purposes all Tables and Figures have been placed within the text, these shall be removed where appropriate for submission to journals.

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### ***WORD COUNT***

Systematic Review:	6,155
Journal Article:	6,419
Extended Method:	3,344
Extended Results:	5,650
Conclusion:	1,649
 Total Portfolio:	 23,217

## ABSTRACT

**Background:** Since the 1980's incidents of workplace violence have been recognised as a serious problem within social care. It has been found to be particularly rife within residential settings and children's homes in particular have been found to be one of the most violence-prone settings. And yet, there is a lack of literature on the prevalence and psychosocial impact of workplace violence on staff in residential units for looked after and accommodated children (LAAC).

**Method:** Given the limited literature on residential childcare workers a systematic review was conducted on research of violence towards social workers in child and family services to achieve a better understand of violence within child and family social care generally. An empirical study was also conducted with staff of Local Authority residential units within Central Scotland. The aim of the empirical study was to explore staffs' experience of workplace violence perpetrated by LAAC in residential settings, using the qualitative methodology Interpretative Phenomenological Analysis (IPA).

**Results:** The systematic review showed that studies were mostly of medium methodological quality; verbal aggression towards social workers in child and family services was common place; physical violence was comparatively rare; and that all forms of violence impacted on wellbeing and practice. The empirical study had similar findings, but also provided new insights into how staff cope with workplace violence, particularly in the context of young peoples' life experiences.

**Conclusion:** Violence perpetrated by LAAC in residential units appeared to be lessening and a move towards more behaviour management was aiding staff to better understand the roots of violence. This in turn was found to help staff cope better with the emotional impact of violence. Management need to be mindful of the impact violence has on staff and continue providing training programs to better equip staff to understand violence and support LAAC to manage their aggression.

# **CHAPTER 1**

## **Systematic Review**

# **The impact of work related violence towards social workers in children and family services: a systematic review**

## **Abstract**

Workplace violence has been increasingly reported since the 1980's and has been found to have significant consequences for workers and services. While much research has focused on social workers' experiences of violence and aggression in adult and mental health services little attention has been paid to those in child and family services, despite violence and aggression being a feature of work with this population. A systematic review was undertaken to identify and appraise the limited research in this area. Seven studies met inclusion criteria and were judged to be of sufficient methodological quality to include in a narrative synthesis. Verbal aggression and threats towards social workers were found to be common place in child and family services, had the most detrimental consequences, and were the hardest to identify and manage. Physical assaults were comparatively rare. However, all acts of violence and aggression were found to impact on wellbeing and practice, although not always in a negative way. Often workers and services were able to learn from incidents and use them to aid the development of policies and training.

## **Introduction**

Workplace violence has increased significantly since the 1980's (Health and Safety Executive, 2012) but little attention has been paid to staffs' attributions about client violence, the impact on wellbeing and how staffs' responses may serve to maintain it. Although a national report commissioned by the Health and Safety Executive (HSE) highlighted social workers as the second most at risk population of workers (Budd, 1999), the majority of research has focused on challenging behaviour amongst learning disabled populations. Staff within learning disability services have been found to have emotional responses mediated by their attributions about challenging behaviour which have in turn been found to cause staff behaviours' which can serve

to both cause and maintain challenging behaviour (Hastings, 2002). This extensive body of research provides a framework for understanding the impact and attributions of client violence and aggression towards social workers and may be useful in guiding much needed research within this population.

Work related violence towards social workers was first brought to light in the UK in 1978 after the fatal stabbing of a Hampshire social worker by one of his clients (Crane, 1986). Since then research has revealed that the majority of social workers report having experienced some form of violence and aggression during their career (e.g. Rowett, 1986; Leadbetter, 1993; Newhill, 1996; Beddoe *et al.*, 1998; Koritas *et al.*, 2010; and Padyab *et al.*, 2011), most often at the hands of clients or the family and associates of clients (Beddoe *et al.*, 1998). Adolescents were found to be the most common perpetrators of violence and aggression (Newhill and Wexler, 1997) and this has long been recognised as a common feature of work with children and families (Trieschman *et al.*, 1969). Taking children into care has also been associated with higher levels of violence and aggression by parents towards social workers (Rowett, 1986) and within the social work profession child and family social workers have been found to be most at risk (Newhill and Wexler, 1997; Shin, 2011).

This review focuses on the limited recent research in this area measuring child and family social workers' exposure to client violence and aggression: occurrence based questionnaires (Horejsi *et al.*, 1994), rating scale questionnaires (Horwitz, 2006), qualitative accounts (Littlechild, 20005a) and between group comparisons (Newhill and Wexler, 1997). There is currently no standardised measure for workplace violence and, coupled with the lack of a universal definition, there are inconsistencies in the findings. Most often research is based on social workers' retrospective accounts of work related violence and aggression, which may be subjective and lack reliability. This research found associations between client violence and anxiety, sleep disorders and social dysfunction in social workers generally (Padyab *et al.*, 2011) and in child and youth workers specifically (Snow,

1994). This in turn has been found to increase staff absenteeism and changes to working practice (Newhill and Wexler, 1997).

When questioning how child and family social workers' practice may influence and maintain client violence and aggression Oliver's adaptation of the coercion hypothesis (1995) for challenging behavior in learning disability populations may provide a useful framework. An observation study by Hall and Oliver (1992) offered support for Oliver's (1995) proposed process of mutual reinforcement: whereby the inattention of staff served as an antecedent to clients' self-injurious behaviour. The self-injurious behaviour was perceived by staff as an adverse stimulus which they wished to escape and their approach-escape behaviour served to reinforce not only the self-injurious behaviour but also their own avoidance behaviour, thus creating a cycle of behaviour (Hall and Oliver, 1992). When similar approach-escape behaviour is observed in child and family services client violence is negatively reinforced by the disengagement of child services (Stanley and Goddard, 1997), thus reinforcing the aggressive behaviour. This limited research does suggest the need for a better understanding of how social workers understand and respond to workplace violence, particularly in light of the proposed reciprocal nature of staff and clients' behaviour (Hastings and Remington, 1994).

Weiner (1986) proposed a model of helping behavior which is commonly applied to the understanding of challenging behaviour within a learning disability population. It proposes that an individuals' propensity to help another is mediated by the attributions and emotions they ascribe to the behaviour. Weiner (1986) proposed that helping behaviour was more likely to occur when the stability of the behaviour was deemed to be low, therefore increasing optimism for change and when controllability of the behaviour by the individual was also deemed to be low, resulting in higher levels of sympathy and low levels of anger. Weiner's model has been challenged methodologically and considered to be only of relevance to low-frequency behaviours (Willner and Smith, 2008) which, given the fact that social workers are

known to become habituated to displays of violence and aggression (Virrki, 2008) this may not be the best model to apply in child and family social work settings. Future research may be best advised to consider alternative viewpoints for understanding social workers' responses to client violence and aggression such as coping styles, training, job satisfaction and alternative theoretical approaches.

This review aims to identify, appraise, and synthesise the current published research on workplace violence and aggression in child and family social work. The majority of research to date on workplace violence has focused on health care professionals or social workers in adult or mental health services. Despite evidence suggesting that professionals working with children and adolescents are at a greater risk of violence and aggression than those working with adults (Brockmann, 2002) there is a lack of research on workplace violence specific to child and family social work. The intention of this review is to gain a clearer picture of the prevalence of violence and aggression towards professionals in child and family social work and the impact those experiences have on their working practice, personal wellbeing and home life. It also seeks to highlight the gaps in the literature and make recommendations for future research and how that may contribute to service development.

## **Method**

A search of the Cochrane Database of Systematic Reviews confirmed that no similar review had been conducted, thus a review protocol was created in line with the Social Care Institute for Excellence (Rutter *et al.*, 2010) guidance on systematic research reviews.

## **Inclusion Criteria**

The review includes studies from the last 30 years (1982-2012), considers articles in the English language only and focuses on social workers in child and family services.

The review was specific to the impact of client violence and aggression by children, young people or family members and not, for example, by colleagues. Finally, studies were only included if they measured the impact that work related violence and aggression had on social workers. Outcomes were in the form of either qualitative or quantitative data. For example, the outcome measure may have been a questionnaire, validated outcome measure or qualitative analysis of an interview or focus group. Outcome measures targeted: mental health, wellbeing, physical injury, job satisfaction or intention to leave.

### **Electronic Database Search**

The online databases MEDLINE, EMBASE, PsycINFO, ASSIA and CINAHL+ were searched for articles published in the English language between January 1982 and December 2012. A keyword search of abstracts was conducted using the following search terms: client\$ or child\$ or youth\$ or adolescent\$ or famil\$ AND social worker\$ or residential worker\$ or field worker\$ or child protection worker\$ AND violen\$ or aggress\$ or harass\$ or inciden\$ or assault\$ or threat\$ AND impact or wellbeing or mental health or distress\$ or stress\$ or psychological. A total of 631 records were found, reduced to 515 following de-duplication. After screening article titles and then abstracts against the inclusion criteria, three papers remained (Newhill and Wexler, 1997; Regehr *et al*, 2004; Shin, 2011) and were included in the review.

### **Hand Search of Selected Journals**

A hand search of The British Journal of Social Work and the Journal of Social Work were conducted due to their frequent citing during the electronic database search. This yielded 944 records reduced to 942 after de-duplication. Nine-hundred and twenty-nine records were excluded after a review of their titles as the focus of the studies was not relevant to the current review. Of the remaining 13 articles two met the inclusion criteria outlined above (Littlechild, 2005a, 2005b).



## **Communication with Published Authors**

Four authors who had widely published in the field were contacted, of which two responded and recommended a total of 24 articles. After removing those articles already identified in the previous database and journal searches 14 articles remained. After a review of their titles a further five articles were excluded. Of the remaining 9 none met the inclusion criteria outlined above.

## **Reference List Search**

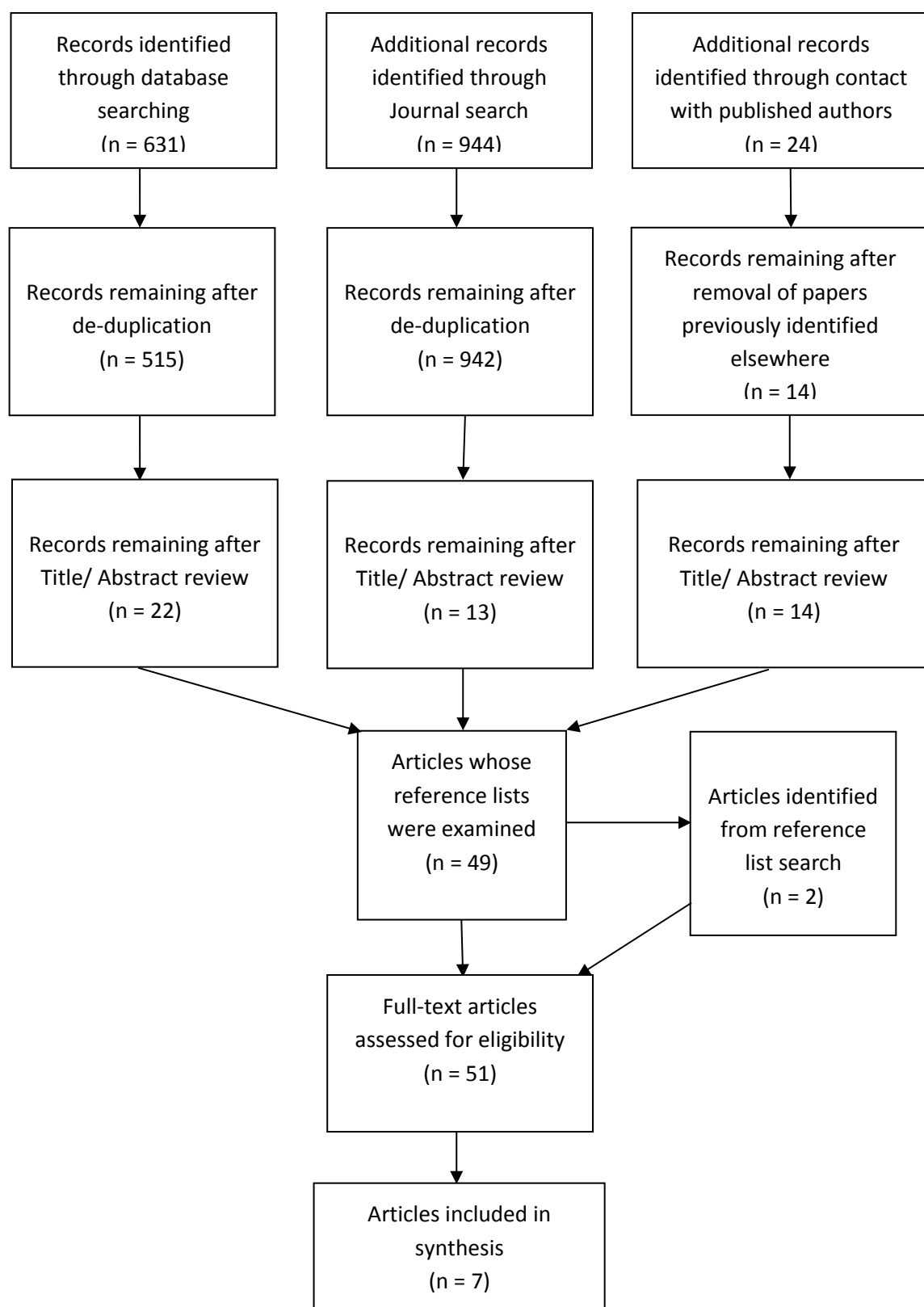
A hand search of the reference lists of the excluded and included articles was conducted to identify further papers which may have met inclusion criteria. Two met inclusion criteria (Horejsi *et al*, 1994; Horwitz, 2006).

A flowchart based on SCIE guidance on systematic research reviews (Rutter *et al.*, 2010) provides an overview of the systematic review study selection process (Figure 1).

## **Assessment of Methodological Quality**

The studies included used both qualitative and quantitative methods and as such two quality appraisal frameworks were produced. The quality appraisal framework for qualitative studies (Appendix 1) was based on the Critical Appraisal Skills Programme (CASP) questions (CASP, 2002). It aimed to appraise the appropriateness and clarity of the research question, the research design, recruitment procedures and methodology and data analysis. It also assessed for adequate consideration of reflexivity, ethical concerns and generalisability.

The quality appraisal framework for quantitative studies (Appendix 2) was an adaptation of the Scottish Intercollegiate Guidelines Network (SIGN) methodology checklist for cohort studies (Methodology Checklist 3: Cohort Studies, SIGN, 2013). It appraised the appropriateness and clarity of the research question and the statistical analysis, the use of control groups to minimise confounding factors and the use of valid measures, whilst also assessing for adequate consideration of generalisability.



**Figure 1:** Flowchart of search/ selection process

A quality rating system recommended by The Scottish Intercollegiate Guidelines Network (SIGN 50 – Annex C, 2013) for cohort studies was used to score both quality appraisal frameworks. The rating system consists of the following qualitative descriptors and numerical scores: well covered/ addressed (2 points), adequately covered/ addressed (1 point), poorly covered/ addressed or non-applicable (0 points). The scores across the criteria were summed to produce a quality rating score out of 20 for qualitative studies and 12 for quantitative studies. Studies where 75 per cent to 100 per cent of the criteria were met were given a ++ grade indicating few flaws and a low risk of bias, studies where 74 per cent to 50 per cent of the criteria were met were given a grade of + indicating some flaws and a moderate risk of bias, those studies meeting less than 50 per cent of the criteria were given a grade of – indicating significant flaws and a high risk of bias.

## **Results**

### **Characteristics of Included Studies**

The review consists of seven studies: five are of a quantitative research design and two are qualitative; three were conducted in the United States, two in the United Kingdom, one in Canada and one in Korea. A summary of each study is presented in Table 1. Two studies (Newhill and Wexler, 1997; Shin, 2011) focused solely on social workers (n=1129 and 413 respectively) but recruited from a range of social work fields: Shin (2011) recruited both child protection social workers (n=207) and community social workers (n=206); and Newhill and Wexler (1997) reported only 10 per cent of their participants as child and family social workers. The two qualitative studies (Littlechild 2005a, 2005b) used the same sample but have, however, been reviewed separately as the first study consisted of interviews with seven child protection social workers (Littlechild, 2005a) and the second study consisted of interviews with 20 child protection social work managers (Littlechild, 2005b). The remaining three studies (Horejsi *et al*, 1994; Horwitz, 2006; Regehr *et al*, 2004) all recruited service wide and therefore included social workers, managers and other

staff from undisclosed professions, however they were all employed in child and family services. Participants ranged in age from 22 years to 63 years and the majority were women.

**Table 1:** Study Characteristics \*

STUDY	AIM	CONTEXT	SAMPLE	PARTICIPANTS	DESIGN	ANALYSIS	CONCLUSIONS
Horejsi <i>et al</i> (1994)	Explore the frequency, type and impact of workplace threats and violence towards Child Protection Social Workers.	Montana, USA recruited from DFS.	166 employees of DFS: 77% social workers; 13% supervisors; 10% other	Gender: 73% female 27% male Age: Median age 41yrs	Within-groups comparison.  Postal-survey	Quantitative  Descriptive statistics.	<ul style="list-style-type: none"> <li>Threats and violence towards child protection social workers is fairly common.</li> <li>Verbal abuse was the most common form of threats and violence.</li> <li>Workplace threats and violence can cause fear and thoughts about changing jobs.</li> </ul>
Horwitz (2006)	Examine the frequency of negative workplace events and negative workplace effects and any association between the two.	New England, USA recruited from training seminars for child protection agencies.	273 child welfare workers: 73% caseworkers; 16% supervisors; 11% other.	Gender: 79% female 21% male Age range: 23-62 years Median age: 40.4 years	Questionnaires distributed at voluntary and mandatory training seminars offered to child protection agencies by the researcher.	Quantitative  Factor analysis, multiple regression analysis and inter-correlations.	<ul style="list-style-type: none"> <li>There is a relationship between traumatic workplace events and traumatic workplace effects.</li> <li>Vicarious and indirect traumatic events were more strongly associated with traumatic effects.</li> </ul>
Littlechild (2005a)	Child protection social workers experience of violence and aggression by clients.	Hertfordshire, England recruited from Children and Families practice groups.	48 child protection social workers and first line managers.	Not reported	Mixed -qualitative and quantitative postal questionnaire.  7 semi-structured interviews with child protection social workers.	Qualitative.  Content analysis.	<ul style="list-style-type: none"> <li>Indirect violence is more common and problematic for social workers and management.</li> <li>Violence causes a range of psychological difficulties: anxiety, anger, fear and shock.</li> </ul>
Littlechild (2005b)	Issues arising for managers in relation to violence and aggression towards social work staff.	Hertfordshire, England recruited from Children and Families practice groups.	20 first line managers for child protection social workers.	Not reported	20 semi-structured interviews.	Qualitative.  Thematic analysis.	<ul style="list-style-type: none"> <li>Personalised threats have the biggest impact on workers and their practice.</li> <li>Importance of supervision and managerial support.</li> </ul>

Newhill & Wexler (1997)	Explores the experiences of client violence towards child and youth service social workers compared to social workers in other fields.	Pennsylvania and California, USA recruited through the National Association of Social Workers.	1129 social workers: 10% worked in Child and Family Services.	Gender: 80% female; 20% male. Mean Age: 44.8 yrs. Location: 53% Pennsylvania; 47% California	Between-group comparisons. Mixed -qualitative and quantitative postal questionnaire.	Mixed: Descriptive statistics and content analysis on open-ended questions.	<ul style="list-style-type: none"> <li>Child and youth social workers experience more violence and aggression than other social workers.</li> <li>Violence and aggression impacts on wellbeing and working practice.</li> <li>Gender (male) and age (younger) were significant risk factors for client violence.</li> </ul>
Regehr <i>et al</i> (2004)	Test two hypothesized models for predicting post-traumatic distress in child welfare workers.	Toronto, Canada recruited employees from The Children's Aid Society.	156 employees	Gender: 77% Women, 23% Men. Age range: 23-63 years. Mean age: 40.8 years.	Quantitative survey distributed to all staff after a meeting about the research.	Quantitative. Structural Equation model	<ul style="list-style-type: none"> <li>Individual, organizational and incident factors significantly impact on distress which in turn significantly impacts on post-traumatic growth.</li> </ul>
Shin (2011)	Investigate the prevalence of client violence towards CPSW and its negative impact on their work attitudes compared with that of CSW.	South Korea permission for recruitment sought from the Korean National Child Protection Centre and the Korean Association of Social Welfare Centre.	413 social workers: 207 CPSW's; 206 CSW's.	CPSW'S Gender: 56.5% Women, 43.5% Men. Age range: 22 to 61 yrs. Mean age: 28.9 years CSW's Gender: 65.5% Women, 35.5% Men. Age range: 21 to 63 yrs. Mean age: 30.4 yrs.	Cross-sectional survey. Between-group comparisons. Postal survey.	Quantitative Descriptive statistics	<ul style="list-style-type: none"> <li>CPSW's experience more client violence, perceive it as more serious and see a greater need for programs to deal with it than do CSW's.</li> </ul>

\* DFS – Department of Family Services; CPSW – Child Protection Social Workers; CSW – Community Social Workers

## Quality Rating of Included Studies

Of the seven papers included in the review five of them were of a quantitative design and two were of a mixed methods design, where the qualitative aspect of their methodology was appraised due to the overall qualitative focus of the article. Of the five quantitative studies, where a quality rating score of 12 was achievable, ratings ranged from 5 to 11. Three studies met 75 per cent or more of the quality criteria, suggesting good quality and two studies met 50 per cent or more of the quality criteria, suggesting average quality. Qualitative studies were able to achieve a quality rating score of up to 20; both studies achieved a score of 14. Both studies therefore met 70 per cent of the quality criteria suggesting they were of average quality. Tables 2 and 3 present an overview of the quality ratings assigned to each study across all criteria.

**Table 2:** Quality Appraisal of Quantitative Studies

Quality Criteria	1 Aim	2 Control	3 Valid Measures	4 Appropriateness Measures	5 Statistical Analysis	6 External Validity	Rating /12
<b>Study</b>							
Horejsi, C., Garthwait, C. and Rolando, J. (1994)	2	N/A	0	1	1	1	5/10
Horwitz, M. J. (2006)	2	N/A	0	2	2	1	7/10
Newhill, C. E. and Wexler, S. (1997)	2	1	0	2	2	2	9/12
Regehr, C., Hemsworth, D., Leslie, B., Howe, P. and Chau, S. (2004)	2	2	2	2	2	1	11/12
Shin, J. (2011)	2	1	1	2	2	1	9/12

**Table 3:** Quality Appraisal of Qualitative Studies

Quality Criteria	1 Aim	2 Methods	3 Design	4 Sampling	5 Data Collection	6 Data Analysis	7 Findings	8 Reflexivity	9 External Validity	10 Ethics	Rating /20
<b>Study</b>											
Littlechild, B. (2005a)	2	2	2	2	1	1	2	0	2	0	14
Littlechild, B. (2005b)	2	2	2	1	2	2	1	0	2	0	14

A second rater independently rated 43 per cent of the studies and there was an overall agreement rate of 83 per cent. The quality rating scores only differed by one point on three of the criteria resulting in an overall difference of two points for one study and one point on another. Overall this is indicative of high inter-rater agreement. All papers were retained for inclusion in the review.

## **Synthesis of data**

Due to the heterogeneous nature of the studies a narrative synthesis is presented with the findings grouped into the following areas: prevalence, impact and risk factors.

### **Prevalence**

The majority of participants across all seven studies reported having experienced at least one incident of violence and aggression throughout their career: including verbal and physical aggression, threats, property damage and intimidation. With the exception of one study (Regehr *et al*, 2004) verbal aggression was found to be the most common, most frequent (Horwitz, 2006) and the most difficult form of violence to manage (Littlechild, 2005b). It was described as being ‘less obvious’, ‘pervasive’ and ‘insidious’ and when exhibited frequently had the most difficult consequences for staff (Littlechild, 2005b). Findings were consistent across studies and all were deemed to be of average methodological quality.

Conversely, Regher and colleagues (2004) found physical assaults to be the most commonly reported type of violent incident, experienced by 52 per cent of their participants in the year preceding their study; however it is important to be mindful of the limitations of their small sample. Physical assaults were described across all seven studies; however reported prevalence was consistently low compared to other forms of aggression: with 2 to 34 per cent of social workers (Newhill and Wexler, 1997; Shin, 2011, respectively) reporting having experienced physical violence



compared with between 37 and 97 per cent (Newhill and Wexler, 1997; Horejsi *et al*, 1994, respectively) reporting having experienced verbal aggression or threats. Despite being of 'good' or 'average' methodological quality all these studies were limited by their lack of a valid measure.

Property damage and verbal threats towards social workers and their families were also commonly reported across the studies but again occurrence was relatively infrequent (Horwitz, 2006) and the reported prevalence was inconsistent across studies ranging from 16 per cent to 43 per cent for property damage (Shin, 2011; Newhill and Wexler, 1997 respectively) and from 6 per cent to 94 per cent for threats (Horejsi *et al*, 1994; Shin, 2011 respectively). The retrospective nature of these studies may account for some of the inconsistent findings.

### **Risk Factors**

Newhill and Wexler's (1997) study was the only one in this review to propose that the age of the perpetrator was a significant risk factor. They concluded that adolescents were the most common offenders and that they were most frequently associated with property damage (41 per cent) and physical attacks (56 per cent), in comparison adults were reported to be infrequent offenders and were more likely to engage in threatening behaviour (29 per cent of 20-29 year olds and 41 per cent of over 30's).

The gender of perpetrators was discussed as a risk factor in four studies (Horejsi *et al*, 1994; Newhill and Wexler, 1997; Littlechild, 2005a, 2005b), but again no general consensus was found. One study reported that the majority of participants (63 per cent) stated that they did not believe there to be a gender difference in the perpetrators of violence and aggression (Horejsi *et al*, 1994). Newhill and Wexler (1997) however, reported men to be the most common offenders accounting for 64 per cent of threats, 91 per cent of property damage and 57 per cent of physical attacks and this study was rated as more robust methodologically. Conversely,

Littlechild (2005a, 2005b) found women to be more physically aggressive in child protection procedures, with social workers reporting that the majority of verbal threats and physical attacks were carried out by women. It was stated by both managers and social workers that men were more subtle in their efforts to threaten and intimidate social workers, for example following social workers' cars, or waiting until they were alone before threatening them. The qualitative nature and small sample size of these studies limits the generalisability of these findings, however, they do serve to question whether the varying cause and nature of violence and aggression is gender specific.

Two studies, of 'good' methodological quality, questioned whether child protection social workers experienced higher levels of violence and aggression than social workers in other fields and found that child protection social workers were more frequently exposed to violence and aggression (Newhill and Wexler, 1997; Shin, 2011). This suggests that the specialist population with which social workers engage may be a risk factor in itself.

Two studies, of average methodological quality, remarked on the most dangerous tasks that social workers engage in and found removal of a child to be the most commonly stated (Horejsi *et al*, 1994; Littlechild, 2005a). This was noted as a situation where emotions were high and the power and control dynamics between social workers and clients was most obvious, however, attendance at child protection conferences and hearings and arranging and facilitating contact were also deemed as emotionally charged situations and where risk of violence and aggression was higher (Littlechild, 2005a). Social work managers reported that they believed client violence and aggression to be borne out of feelings of disempowerment and invasion of privacy by the social worker and that aggression served to upset the power balance in favour of parents and leave social workers feeling similar disempowerment to that of abused children (Littlechild, 2005b). Furthermore, they stated that they believed violence and aggression towards social workers served to deflect attention away from

child protection issues with 40 per cent of managers seeing acts of violence and aggression as commonly associated with child abuse. The type of child maltreatment was, nevertheless, not deemed to be a good predictor of client violence (Horejsi *et al*, 1994).

### **Impact**

Across all seven studies workplace violence and aggression was found to impact on social workers' psychological wellbeing and their working practice. In a study of 'good' methodological quality, limited only by its small sample size, distress was found to be associated with organisational factors: workload stressors, including work with disruptive clients and union support; individual factors: high levels of egocentricity, insecurity, social incompetence and loss of control; and incident factors: increasing numbers of incidents and time elapsed since the incident (Regehr *et al*, 2004). Both direct events, such as verbal abuse, and vicarious events, such as working with children in distress, were associated with psychological trauma in the form of intrusive or distressing thoughts (Horwicz, 2006).

Horejsi *et al* (1994), Newhill and Wexler (1997) and Littlechild (2005a) asked participants to report the emotional responses they experienced in the aftermath of violence and aggression, with anger, fear and anxiety most commonly reported. Emotional responses, however, appeared to vary depending on the type of aggression experienced. Threats appeared to have the biggest impact on psychological wellbeing, as 69 per cent of social workers reported feelings of fear and 62 per cent reported anxiety in response to threats, compared with 31 per cent and 63 per cent, respectively, in response to property damage and 39 per cent and 43 per cent, respectively, in response to physical attacks (Newhill and Wexler, 1997). Threats appeared to have particularly damaging repercussions when perceived to be personally directed at workers and their families, with 17 per cent reporting having been frightened for themselves at least once a month and 15 per cent frightened for their family (Horejsi *et al*, 1994). The retrospective nature of the study does however

call into question the reliability of this data as participants were asked to recall events from the preceding year.

Experiences of workplace violence and aggression were also reported to impact significantly on working practice by 43 per cent of social workers (Littlechild, 2005a). Managers described rising tensions around balancing workers' own safety with that of the children they were trying to protect (Littlechild, 2005b). Workers felt intimidated or lacking confidence following client violence and aggression and this had a negative impact on conducting full assessments (Littlechild, 2005b). This was often found to result in incorrect conclusions being drawn about the needs of the child and their family, poor decisions being made and a lack of appropriate support being put in place (Littlechild, 2005b).

Not all consequences of violence and aggression towards social workers were found to be negative. Increasing levels of distress, as a result of workplace violence, were found to be associated with increasing levels of post-traumatic growth, which represents the positive outcomes of trauma, such as feeling closer to others or feeling more self-reliant (Regher *et al*, 2004). Furthermore, some instances of violence and aggression were regarded as learning experiences, which made valuable contributions to the development of policies and training to enhance the safety of workers, and also served to strengthen workers commitment to the safety of themselves, colleagues and clients (Newhill and Wexler, 1997).

## **Discussion**

It is clear from this systematic review that violence and aggression in child and family social work is a problem, although to what extent is difficult to interpret due to the limited research and the considerable variation between results. Differences in prevalence rates may relate to methodology, measurement tools, culture and the lack of a universal definition or standardised measure for workplace violence.

The literature reviewed here has, however, been appraised to be of ‘good’ to ‘average’ quality and limited mostly by small sample sizes and the lack of standardised measures. Overall findings suggest that physical violence is rare but that verbal aggression is a common occurrence experienced by the majority of child and family social workers (Horejsi *et al*, 1994; Newhill and Wexler, 1997; Regehr *et al*, 2004; Littlechild, 2005a and 2005b; Horwitz, 2006; Shin, 2011). The one study suggesting that physical violence was more common had a small sample therefore limiting the generalisability of its findings (Regher *et al.*, 2004).

The frequency with which verbal aggression occurs appears to have led social workers to downplay the danger it may pose and almost accept it as part of the job: contributing to a culture of under-reporting (Beddoe *et al*, 1998; Macdonald and Sirotich, 2001; Littlechild, 2005b). The abstract nature of verbal aggression has made it difficult to quantify and as a result managerial boundaries and policies regarding its reporting are unclear (Littlechild, 2005a, 2005b). The rate of under-reporting due to ambiguous policies highlights the importance of regular supervision and clearer guidelines to ensure more accurate records of violence and aggression.

Social workers often report feelings of anger, fear and anxiety in the aftermath of violence and aggression (Horejsi *et al*, 1994; Newhill and Wexler, 1997; Littlechild, 2005a). However, there have been no studies of social workers’ attributions about client violence therefore preventing an understanding of how attributions may have influenced these negative responses. Weiner’s (1986) model of helping behaviour would propose that such negative emotions were the result of an attribution of high levels of stability and control consequently leading to low levels of helping behaviour. Indeed workplace violence and aggression has been found to have a significant impact on working practice, causing low morale, high absenteeism and generally low efficiency and effectiveness amongst staff teams (Horejsi *et al*, 1994; Newhill and Wexler, 1997; Regehr *et al*, 2004; Littlechild 2005a; Shin, 2011). Future research could contribute to better training and support for staff in dealing with client

violence and aggression. Research in learning disability services has found staff reporting reduced levels of anxiety and increased levels of perceived support following a stress-reducing intervention (Rose *et al.*, 1998) as well as observations of increased positive interactions and helping behaviour with clients when compared to controls (Rose *et al.*, 1998).

There does not appear to be a consensus regarding the risk factors most commonly associated with violence and aggression in child and family services. The gender and age of perpetrators is commonly discussed, however, there continues to be disagreement between studies as to whether these are significant risk factors. What is suggested, however, is that the nature of violence and aggression varies with age and gender: the aggression and physical violence displayed by women is perceived to be more spontaneous and emotionally charged and is often in response to the removal of children (Littlechild, 2005a, 2005b). Whereas violence and aggression by men was perceived to be more devious, often premeditated and more commonly in the form of threats, intimidation and property damage (Newhill and Wexler, 1997; Littlechild 2005a, 2005b).

### **Limitations**

The lack of published research in the area of workplace violence and aggression experienced in child and family social work has limited this systematic review. The value of the evidence presented in relation to social workers in child and family services specifically has to be questioned due to the vague inclusion criteria adopted by the included studies. Broad inclusion criteria has meant that some data from social workers from other specialist fields and child and family workers who are not social workers has been included in this review, although this is believed to be minimal. The limited number of studies in this area of research also risks the systematic review accrediting too much confidence in the findings of studies of poorer methodological quality, making unjustified assumptions and therefore producing a publication bias. The narrow remit of the review may also have contributed to the

limited number of studies uncovered and it may be the case that had the criteria been less specific other studies may have been included. For example, if the population of interest had been widened to all social care staff in child and family services, this should be considered for future reviews. Given the heterogeneous nature of the studies included in the current review firm conclusions are difficult to establish but it is clear that more research is required.

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# **CHAPTER 2**

## **Journal Article**

# **“They’re damaged, they’re not bad”: a qualitative study of residential staffs’ experience of violence in the context of looked after and accommodated children.**

## **Abstract**

*Purpose* The present study aimed to explore residential staffs’ experience of violence by the looked after and accommodated children in their care.

*Method* Semi-structured interviews were conducted with eleven staff members working across six Local Authority residential units for looked after and accommodated children. Interviews were transcribed then analysed to extract themes using Interpretative Phenomenological Analysis.

*Results* The analysis revealed four master themes, one of which is discussed here: ‘Violence in the context of young people’s life experiences’. This master theme broke down into three sub-themes: Young peoples’ triggers, Young peoples’ relationships and Young peoples’ life experiences.

*Conclusion* Staffs’ experience of violence was discussed within the context of young people’s life experiences: triggers for young peoples’ aggression, how their responses were influenced by earlier life experiences of neglect and abuse, and how their relationships with staff and other young people mediated their violent behaviour. Findings are discussed with respect to the existing literature and clinical implications.

**Keywords:** *Looked after and accommodated children, violence, staff, residential, interpretative phenomenological analysis.*

## **Introduction**

Workplace violence has received increasing attention over the last few decades, particularly in the realms of social care, and although there is no universal definition

it is understood to include a wide range of acts from physical assault to verbal abuse, threats, racial and sexual harassment, property damage and theft (Brockmann & McLean, 2000). Residential workers in children homes have been found to be amongst those most frequently assaulted (Leadbetter, 1993) yet there is a dearth of research specific to this population. Violence perpetrated by young people is also a neglected area within the literature despite a high proportion of violence perpetuated by adolescents (Newhill & Wexler, 1997).

Current research on child and family social workers' experiences of workplace violence revealed that the majority of social workers had experienced at least one incident of violence and aggression throughout their career (Horejsi *et al.*, 1994; Newhill & Wexler, 1997; Regehr *et al.*, 2004; Littlechild, 2005a,b; Horwitz, 2006; Shin, 2011). Verbal aggression was found to be the most common and most frequent type of violence directed towards social workers (Horwitz, 2006) and its pervasive nature often meant it had the most troubling consequences (Littlechild, 2005). Threats in particular were found to cause the highest levels of fear and anxiety (Newhill & Wexler, 1997). Indeed, 75% of child and youth workers who had been physically assaulted met criteria for psychological distress: re-experiencing trauma, avoidance or numbing and increased arousal (Snow, 1994). Working with distressed and chaotic young people and their families therefore appears to be emotionally and physically draining, however, when workers also feel abused, blamed, and unsupported their ability to provide adequate care can become impaired (Snow, 1994). Workers can struggle to balance their own safety with that of the children they are working with, causing a lack of confidence in their own abilities, which in turn can impact negatively on their assessment and decision making skills (Littlechild, 2005). Workplace violence can, however, also have positive implications on service development and team working, particularly when incidents are treated as learning experiences contributing meaningfully to policies and training to increase the safety of workers (Newhill & Wexler, 1997).

The true prevalence of violence by LAAC towards residential workers and the impact it has is, however, unclear, and the limited research that does exist within this specific population poses conflicting findings. Within a study of violence in social services interviews were conducted with 1276 staff including: managers, social work staff, home care workers and residential staff. The results revealed that 62% of residential workers had been physically attacked, 53% reported experiencing threats of violence and 82% reported experiencing verbal abuse. Participants also scored highly on the General Health Questionnaire (a screening tool for detecting minor psychiatric disorders in the general population) placing them within the clinical ranges (Balloch *et al.*, 1998). In contrast, a study commissioned by the Social Care Institute for Excellence (SCIE) interviewed 18 LAAC and 62 staff members including: senior staff in social services, residential staff and managers and found physical violence in residential child care to be rare (Kilpatrick *et al.*, 2008). The constant underlying potential for situations to escalate into violence, however, was a frequent source of anxiety (Kilpatrick *et al.*, 2008). Like Balloch and colleagues (1998) they also found verbal abuse and threatening behaviour to be common.

Research looking at the offending behaviour of looked after and accommodated children (LAAC) found the most common reason for police involvement was assaults on staff by young people (Hayden, 2010) and nationally their offending behaviour was found to be almost three times that of their peers in the general population (Department of Health and Skills, 2006). A case file review of over 600 LAAC, however, found the majority of LAAC had actually not offended (Darker *et al.*, 2008), although, when offending behaviour did occur it was found to be most common in residential units (Marsh, 2008). Residential units for LAAC are often a last resort for some of the most troubled young people, who have often experienced multiple placements, are not in full-time education and have come from family homes where conflict is common (Hayden, 2010). These are known risk factors for offending behaviour and are often exacerbated by a diverse mix of young people: a resulting consequence of the lack of appropriate placements (Hayden, 2010). Although, almost a quarter of LAAC who offended did so prior to entering the care

system (Darker *et al.*, 2008) a follow-up study of LAAC in residential units revealed little improvement in their aggression, delinquency and attention problems after three years within the care system (Hukkanen *et al.*, 1999). A high incidence of mental health disorders has also been identified within the LAAC population (Meltzer *et al.*, 2004) and evident prior to entry into the care system (Dimigen *et al.*, 1999). Entry into the care system, therefore, does not necessarily cause offending behaviour or mental health disorders, but often fails to help young people overcome these difficulties, which are entrenched prior to their admission (Darker *et al.*, 2008).

A study with foster carers revealed their understanding of these emotional and behavioural difficulties (EBD) to lie within the factors which precipitated young peoples' entry into the care system such as neglect, rejection, abuse and lack of an appropriate role model (Taylor *et al.* 2008). These precipitating factors were believed to have implications on physical and emotional development such as: lack of trust, inappropriate behaviours for having their needs met and poor coping strategies such as aggression or passivity (Taylor *et al.*, 2008). Foster carers attributed LAAC's EBD to external factors out with the young person's control and in doing so they were able to de-personalise the behaviour and remain motivated to care for the young person (Taylor *et al.*, 2008). This is in line with Weiner's attributional theory of motivation and emotion (1986) which proposes that our understanding of behaviour influences our emotional responses, which in turn dictates our level of motivation to help. If this theory can also be applied to residential staffs' understanding of LAAC's disruptive and often violent behaviour then it is possible that the better staffs' understanding of young people's life experiences and current emotional state then the better equipped they will be to cope with the behaviour personally and practically. Having a better understanding may also encourage staffs' motivation to work positively with young people to help them overcome their difficulties.

The present study aims to explore residential staffs' experiences of violence by LAAC, specifically, in order to develop a better understanding of how they make sense of workplace violence perpetuated by LAAC.



## **Methods**

### **Sampling and Recruitment**

Participants were staff members working in local authority residential units for LAAC. Inclusion criteria were that participants must be in full-time employment, within a residential unit, working directly with LAAC for a minimum of 12 months. These parameters were to ensure that participants had at least one year's experience of working with LAAC in a residential setting.

Ethical approval was gained from the Local Authority Children and Families Department, following which the managers of 12 state-funded residential units for LAAC in a large urban health board area in central Scotland were approached and invited to participate. The 12 centres approached consisted of eight young people's centres (YPC), two close support units, one residential school and one secure services complex, the latter consisting of two secure units, two close support units and a through-care and after care service. YPC's are intended to be as close to a family home as possible, where young people have considerable freedom within the type of boundaries you would expect in an average family home. Close support units are often the buffer between YPC's and secure units and staff would expect to know where young people were at all times and would often accompany them. Secure units are closed units where young people have little to no freedom and would not leave the unit without a staff member. The residential school was for boys only and accommodated a variety of young people from those only accommodated during term time to those accommodated there full-time. Finally, the through-care and after care service works with young people aged 15 to 21 living independently or transitioning to independent living. All 12 showed interest in participating and three agreed for the author to attend their unit team meeting to present the study and distribute information packs. The remaining nine managers chose to distribute information packs themselves. These contained a participant information sheet and a consent form for participation in a face to face interview. Thirty-five staff members consented to being interviewed of which 12 were contacted in line with the recommendation of small sample sizes for qualitative studies (Smith *et al.*, 2009). One of the participants dropped-out prior to interview leaving a total sample of 11

participants. Purposive homogeneous sampling resulted in an even mix of gender, place of work and experience of violence in the preceding 12 months (see Table 1).

**Table 1:** Participant Characteristics

Participant	Age	Gender	Type of unit (as outlined above) *	Years in current post	Personal experience of violence in preceding 12 months:	
					Physical (n=5)	Verbal (n=11)
P1	48	M	School	9	N	Y
P2	57	F	Secure	3	N	Y
P3	60	M	Close	17	Y	Y
P4	48	M	Close	1	Y	Y
P5	52	M	Secure	1	Y	Y
P6	29	M	Close	2	Y	Y
P7	49	F	School	6	N	Y
P8	30	F	YPC	6	N	Y
P9	29	F	YPC	8	N	Y
P10	57	F	Secure	6	Y	Y
P11	59	M	School	11	N	Y

\*School – Residential school for boys, Secure – Secure services complex, Close – Close support unit, YPC – Young people’s centre

### Interview Procedure

Interviews were conducted with participants at a location of their choosing, either at The University of Edinburgh (n = 6), the participant’s place of work (n = 3), the participant’s home (n = 1) or one interview was conducted in a community venue chosen by the participant. Interviews followed a semi-structured guide which was used flexibly, as per the recommendations in qualitative research (Smith *et al.*, 2009). The objective was to allow the participant to speak freely about what was important to them about their experience of workplace violence by LAAC. Interviews lasted between 30 and 70 minutes and were all digitally recorded and then transcribed verbatim.

### Analysis

Interview transcripts were analysed using Interpretative Phenomenological Analysis (IPA) a qualitative analysis method devised by Smith (1996). IPA follows a six stage process of case-by-case analysis and across case comparison to draw out repetitive themes (Smith *et al.*, 2009). This involved reading and re-reading transcripts to identify emerging themes, then collating them in thematic tables for cross case comparisons in order to produce a list of master themes emerging across transcripts.

Themes mentioned by more than half of the sample were extracted in line with the recommended guidelines (Smith, 2011). IPA was chosen for its ability to produce an individual exploration of participants' lived experiences and how they make sense of them.

## **Results**

Four master themes emerged from the analysis, one of which is presented here: 'Violence in the context of young people's life experiences'.

### **Violence in the context of young people's life experiences**

The most prominent theme across all 11 interviews was staffs' understanding of violence in the context of young people's life experiences. This understanding appeared to help staff make sense of violence, cope with violence and retain relationships with young people in the face of violence. Three sub-themes emerged: young people's triggers, relationships and past life experiences.

#### **1. *Young people's triggers***

The majority of participants recognised that more often than not violence was reactive and often in response to the actions of adults, other young people or their circumstances. Most staff highlighted the role that adults play in perpetuating or escalating incidents of violence. It seemed that on some occasions staff were aware of their role in escalating situations but felt that what they were saying or doing was

essential to keep the young person safe. In other instances, however, staff seemed to be describing a colleague's lack of insight or ignorance as to the effect of their actions or words.

*"...we would say to the young people 'you're not leaving the building' and that would usually then involve them kicking off." P2.*

*"...somebody will say something which they think is innocuous and that's enough to trigger something in the young person." P3.*

*"You know when they are starting to escalate language like 'calm down, calm down, you'll need to calm down' is really provocative." P10.*

A small number of participants also recognised that incidents were often escalated by physically restraining young person. They did, however, acknowledge that this was different to a young person being intentionally physically violent towards staff. They had an understanding that young people were trying to free themselves of the staffs' hold. It appeared that staff had a realistic understanding of young people's natural reaction to being physically restrained and this allowed them to view the incident objectively.

*"... if we decide to move a kid, to put hands on of course we're going to get a reaction and we have to deal with that, I don't think that's a violent incident I think that's a violent reaction to our behaviour..." P1.*

*"...we've responded by going into a restraint and there might be physical aggression in the restraint but I would see that as slightly different I suppose." P6.*

*"...violence has been a reaction from the young person as soon as hands are put on they immediately want to shake you off and that's when people get hurt because they're flailing about and you're trying to stop that flailing so people get hurt..." P10.*

Residential units accommodate a complex and diverse mix of young people and the majority of staff described how the wrong dynamics within a unit can cause conflict between young people, often leading to violence. Staff appeared to either get caught in the crossfire or become the targets of residual aggression or frustration. Staffs' descriptions of peer conflict seemed to allude to a wider issue around young people's poor coping skills and lack of emotional regulation.

*“...she had been physically assaulted by another resident when they were out in the community, emm, and it really sort of obviously upset her and affected her deeply and we had a whole weekend where we were constantly in physical restraints with her one after the other literally.” P2.*

*“...they’re cheesing [happy] cause they’ve had their timeout and they’re sitting saying ‘ah I was away for a McDonald and I done this’ and you can see the others getting jealous.” P5.*

*“... depending what’s going on with the different kids different things mixed together take up a different atmosphere.” P6.*

*“...it was a situation where a young person, uhm, was being wound up by other young people and that got out of control...” P7.*

The gender mix was described by several staff as contributing to the dynamics and the atmosphere of the unit. It was apparent from staffs’ comments that an unbalanced gender mix was just as bad as a single gender group. This appeared to be a problem that staff felt was perpetrated by management as young people were inappropriately placed with what they believed to be little thought for the individual young person coming into the unit or those young people already there. It therefore seemed that staff were able to empathise with this peer conflict but felt limited in what they could do about it short of keeping young people apart.

*“So we went from, ehh..., what was it 3 boys, 2 girls to 4 boys and 1 girl and the girl and the 1 girl that we had, bless her, had learning difficulties and she was just all over the place she didn’t have a chum...” P3.*

*“When you get a mixed group in, especially if you have 5 females and 1 male, you get aggression between females. It’s like trying to be the top dog to get attention off the male and it’s the same the other way round...” P5.*

*“We’ve got 3 girls at the minute, the dynamics aren’t great but they’re not violent towards the staff they bicker with each other, they argue with each other, they’re aggressive to each other.”P9.*

The final cause of violence highlighted by the majority of participants was young people’s general frustration at their circumstances. The nature of residential units means that young people have been removed from their families and placed in unfamiliar surroundings to live with strangers. The environment is often very

different from what they are used to: boundaries, which they have never experienced before, are placed on them and expectations of them have changed. Several staff described residential units as an environment which could be described as disempowering for young people, and one participant actually described the young people in his unit as ‘disenfranchised’.

*“...it can be very frustrating: they’ve been out there doing their own thing, possibly out of control, fending for themselves and now suddenly their choices are taken away from them and they know they’re going to be sort of ‘under lock and key’ initially maybe for 3 months.” P2.*

*“...you get a lot more Monday to Friday when they’re at the school and they dislike school and I think that’s a lot to do with frustration that they cannae do what they’re being asked to.” P5.*

*“...usually the violence is the anger and aggression coming out as they react to their circumstances. Frustration, wanting their own way, being away from their parent’s.” P11.*

## **2. Young people’s relationships**

The majority of staff described taking on a parental role with young people. Not just on a practical level with regards to providing basic needs such as food, clothes and safety but also on a more emotional level. Most participants spoke fondly of young people and showed genuine concern for their emotional wellbeing. They described working with young people to help them develop and thrive and also about the importance of being a consistent and reliable figure.

*“...an individual who understands, whose patient, who just keeps coming back and reassuring the young person and keeps coming back...” P3.*

*“...we’re able to take them and commit to them until they grow, grow up basically.” P6.*

*“...I think we just need to stick with him and show him a role model and show him that there is another way to be....” P8.*

*“...basically it’s about looking after the laddies at night, ehh, sometimes it’s simply having a chat with them or possibly feeding them, coping with them when they get upset ...” P11.*

It was apparent, however, that young people often put barriers up to prevent staff taking on that caring role and several staff spoke of how young people's past experiences of neglect and abuse had shaped their attachment styles, so they did not know how to have appropriate relationships with staff. Staff acknowledged that if young people allowed themselves to develop relationships with staff it often resulted in them attempting to sabotage that relationship.

*"...you know if you can build a relationship and sustain it a lot of the kids verbally abuse you because they want that relationship to break down, because it's what they're used to."* **P1.**

*"...young people have been rejected whatever this was just common 'I kick off, I'm gonna get moved'..."* **P3.**

*"They've been such, so badly abused and ah it's really sad and they come here and they don't know how...you even putting a hand on somebody 'don't touch me!'"* **P7.**

It was apparent that some staff initially found the violence more hurtful when they had an established relationship with that young person. Understanding the violence, however, in the context of young people's attachment styles, helped them make sense of it and allowed staff to move past the violence and work with young people on sustaining relationships.

*"You know they're used to relationships breaking down and being let down and if you can get over that bit and keep a relationship with that young person even during that point it's got a chance to lessen."* **P1.**

*"...we would hold onto the kid and say 'you're going nowhere, you're ours, we're gonna keep you here', 'I'll just get send away', 'no you won't cause you're no a bad boy or girl' you know you're staying here'."* **P3.**

*"... looking at the kids early life experiences and the impact that has on their development and then trying to work in with the kids in a way that'll, uh, allow them to maybe have the experiences which will maybe make up for some of the things that they missed out on."* **P6.**

It was on the basis of these relationships that staff were able to manage violence during the incident and sustain the relationship in the aftermath of violence because they had something to work with and build on. Based on reciprocal attachments and mutual respect staff and young people were able to discuss incidents afterwards,

resolve any residual feelings about the incident and offer reassurance that no grudges would be held so they could both move on.

*“...if you have a relationship with the young person you can actually say to them “you know that quite upset me”, let them know how it affected you, that you’re not a machine.” P2.*

*“... you’ve put in the time and effort to try and built up and establish a relationship with that young person on their sort of terms and you’ve got any sort of degree of respect from them to you, you use that.” P3.*

*“...trying to softly get through some support to the young person: that the young person still feels safe in the unit, wanted, loved, needed.” P4.*

It was apparent across all interviews that staff recognised how young people’s life experiences had shaped their future relationships and attachment styles and that this could sometimes be a barrier or a detrimental factor in their engagement with staff. However, where staff had the resilience and foresight to work with young people to get past these barriers, positive relationships were able to develop that proved protective for both staff and young people.

### **3. *Young people’s past life experiences***

The next sub-theme also highlighted how staff were able to draw on their understanding of young people’s past life experiences to put their experiences of violence into context. The majority of staff spoke about the range of abusive environments that young people had come from and acknowledged how that impacted on young people’s behaviour, communication style and coping strategies.

*“...young people have come from any form of trauma you can think of and every form of abuse...” P4.*

*“If their mum’s a drug user and their dad’s an alcoholic, two scenarios that we get a lot of here, they haven’t had that loving environment to grow up in...” P7.*

*“...different rules, different boundaries, different values, different everything like their whole eternal birth models are so different from everybody...” P8.*



*“Knowing the difficulties that they’ve had in their lives, knowing the houses in which they have been brought up, some of which the violence has been extremely severe...” P11.*

The majority of staff recognised that the young people in their care lived by a different set of social norms, where they reacted to stressful situations or attempted to have their needs met by means of often extreme and inappropriate behaviour. Most participants were able to understand that this was learnt behaviour as a result of the often violent and abusive environments they were brought up in.

*“...sometimes it’s about any attention whether it be negative or positive. Emm,....throughout their lives, in many cases, they’ve not had that attention from family, parents etc. emm, and the only way to get it was to behave negatively.” P2.*

*“...this particular young lad it’s definitely domestic violence that he’s seen that’s been so extreme in his family, emm and that has impacted on just everything and how he sees the world and how he reacts to everything in the world...” P8.*

*“...understanding why the child reacts violently to certain situations and it’s basically what they know, what they have learnt as they have grown up.” P11.*

Young people were understood to be displaying the behaviours that they had witnessed their parents exhibit, as such they never learnt how to appropriately deal with their emotions or negotiate difficult situations. Several staff described young people’s overwhelming emotions and the internal battle they had trying to cope with those emotions when they lacked the skills to self-regulate.

*“...she had been physically assaulted... obviously upset her and affected her deeply and we had a whole weekend where we were constantly in physical restraints with her one after the other literally. She was exhausted the staff were exhausted but it was the only way she could think of dealing with it was to do that.” P2.*

*“...I think the kids we're dealing with deal with stress in different ways and sometimes that is in outward violence towards people...” P6.*

*“I would say that about 90% of the time... violence occurs in a child who has missed stages of their earlier development and they don’t have the internal*

*controls to cope with the circumstances with which they're presented with, eh, I liken it basically to a 2 and a half year old, you know the terrible twos."* **P11.**

It was through staffs' understanding of young people's life experiences that they were able to make sense of the violence directed towards them and almost use that understanding as a way of coping with their own emotional responses. The majority of participants talked about their ability to distance themselves from incidents of violence by de-personalising the violence. They were able to be objective about the violence and see that it was, in most instances, not a personal attack on them but a means by which young people were expressing themselves or dispelling their frustrations and that often these were the only means by which the young person knew how to do that.

*"...if you put a context on it that's what you try and do, or you put a ...it's almost like having a force field round you and saying 'well this is the reason why they're doing it, it isn't personal'..."* **P3.**

*"... 'you're a twat...you're a wanker... why am I no getting to do that' and you ken it's no me getting it, its cause he's nobody else to vent his anger at."* **P5.**

*"... I don't think there's anything like, upset or whatever ... between the staff and the kids. I think it's more like their own triggers and they need someone to take it out on, emm, so they'll take it out on who's closest to them which at the time is us."* **P9.**

Across the majority of interviews it was clear that staff were able to put violence into context and that in doing so they were able to cope better with the emotional impact. The most common context that it was put in was that of young peoples' experiences of violence throughout their lives which not only helped staff to de-personalise the violence but also helped them to dispel any feelings of blame and resentment towards young people. This was a result of understanding that young peoples' behaviour was often a by-product of an upbringing which they had no control over.

## Discussion

The present study was an exploration of residential staffs' experience of violence by LAAC. One major theme within staffs' comments was their understanding of violence in the context of young people's life experiences: triggers for young people's aggression, how their responses were influenced by earlier life experiences of neglect and abuse, and how their relationships with staff and other young people mediated their violent behaviour. It was through this understanding that staff appeared able to cope with their personal responses to violence, being able to put violence into a context which was out with their control and often the control of the young person enabled them to de-personalise the violence and view it objectively. Their deeper understanding of violence within this context also enabled them to manage the occurrence of violence better as they learnt how to predict incidents and develop individual preventative and de-escalation strategies based on their understanding of each individual young person and their relationships with others. The relationship between staff and young people appeared to play an important role in the management of violence before, during and after an incident.

The findings here resonate with previous research. Staff in a similar study highlighted the potential for negative impacts when a number of vulnerable youngsters are placed together (Kilpatrick *et al.*, 2008). Given the nature of residential units as a last resort for many young people unable to be managed elsewhere a difficult mix of young people is common (Darker *et al.*, 2008). Staff described complex management skills requiring control of their own feelings and behaviours, sustained awareness of group dynamics and management of any tensions in order to deal with a complex mix of young people (Whitaker, 1998). Such group dynamics make it difficult for staff to engage young people in positive work and lead to poor outcomes such as the breakdown of the placement or criminal charges. Conversely, a good mix of young people can yield positive outcomes as they develop a sense of belonging consequently boosting their self-esteem (Whitaker, 1998).

Good management of violent behaviour and group dynamics appeared to be heavily reliant on the relationship between young people and staff, evident in the current study and previous studies. Whitaker and her colleagues (1998) found that where units had a stable staff team dedicated to working collaboratively with young people better relationships were able to form which provided the appropriate environment for young people to work on themselves and achieve positive outcomes during and after placements. Indeed young people themselves stated that they were more likely to confide in residential staff than health professionals about their emotional wellbeing as they could do so in a more informal setting, possibly whilst engaging in another activity, with people they had developed a trusting and supportive relationship with (Young Minds, 2013).

Although LAAC's emotional problems (Dimigen *et al.*, 1999) and offending behaviour (Darker *et al.*, 2008) are typically evident prior to entering the care system it was apparent in the current study that frustrations over the nature of a residential setting did exacerbate their difficulties and violent behaviour. Previous studies have described young people's offending as a consequence of their frustration of being placed in residential units often in rural locations, with poor public transport in an environment very unlike what they are used to (Hayden, 2010) and typically having little time with their friends (Meltzer *et al.*, 2004). Young people themselves have also highlighted their frustrations with the rigid rules and boundaries placed upon them within residential units (Kilpatrick *et al.*, 2008).

Finally, a common feature of staffs' understanding of young people, within this study, was rooted in their past experiences and consistent with the findings of Taylor and her colleagues (2008). It was this understanding that helped staff de-personalise violence and remain motivated to work with young people. LAAC are recognised as coming from chaotic and often abusive backgrounds and in a social services case file review over 80% of LAAC had come into the care system as a result of abuse and neglect, almost 50% of their mothers' had mental health problems, over half had

witnessed domestic violence, about a quarter of their parents' had alcohol problems, over a third of their parents' had criminal records and 17.5% of young people had experienced a significant bereavement (Stanley *et al.*, 2005). The majority of LAAC have therefore been brought up with no positive role model, a mistrust of adults and poor coping strategies as a result of watching their parents use violence and misuse substances to deal with their difficulties. In line with Weiner's attributional theory of motivation and emotion (1986) it was this understanding by staff that seemed to mediate their emotional response so that it was one of sympathy over anger increasing their helping behaviour.

### **Clinical Implications**

Residential staff are best placed to recognise warning signs of aggression and violence as they are on the frontline working with these young people every day. An evidence-based understanding of what initiates and perpetuates violence in LAAC seems to be associated with a greater ability to cope and should be developed across services for LAAC. Where trusting and reciprocal relationships have developed residential staff are also best placed to offer young people the support they need to overcome these difficulties. Training of evidence-based interventions and supervision for residential staff by trained professionals would therefore allow this work to take place within the residential setting.

### **Limitations**

In line with the recommendation for small sample sizes in qualitative research using IPA (Smith *et al.*, 2009) the present study consisted of only 11 participants who could be argued to be unrepresentative of the overall cohort. Residential units for LAAC vary in terms of their culture, size and ethos, thus attempts to make any generalisations should be treated with caution. Furthermore, staff willing to participate in a research study may differ in their experiences to those not willing to participate and this may have introduced bias into the findings. Further,

methodological limitations make it difficult to truly interpret the frequency of violence: the retrospective nature of the study for example may limit the reliability of participants' memories and despite the use of a clear definition of violence there was still a level of subjectivity when answering the questions posed.

### **Future Research**

This study highlights a need for future research on social care staffs' experiences of violence by LAAC, particularly, in residential settings. A focus of future research also needs to be placed on staff: about how they cope with violence, what support is in place for staff experiencing violence and what training is or should be provided to help staff manage and prevent violence.

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## **CHAPTER 3**

### **Extended Method**

### **3. Extended Method**

This chapter will aim to provide additional explanation as to the qualitative methodology of the study. The chapter will cover study design, procedure, and methods of analysis, ethical considerations and ensuring quality.

#### **3.1 Design**

The present study aimed to explore staffs' personal experiences of violence. A qualitative methodology was chosen due to its ability to facilitate open discussion, allowing participants to reflect more deeply on their experiences and engage in a process of 'meaning-making'. This enabled the researcher to gain a deeper understanding of participants experiences in a more exploratory, subjective and interpretative nature, out with the limitations of forced-choice questions (Smith *et al.*, 2009). Interpretative Phenomenological Analysis (IPA) was chosen to be the most appropriate methodology, due to its consistency with the epistemological position of the research question.

##### **3.1.1 Interpretative Phenomenological Analysis**

IPA is still a relatively new qualitative approach, developed by Smith (1996). However, it has established a rapidly growing evidence base and is now commonly used in psychological studies (Smith, 2011). IPA focuses on the exploration of how people make sense of their life experiences and it does so within three key areas of philosophical thought: phenomenology, hermeneutics and idiography (Smith *et al.*, 2009).

Phenomenology is a philosophical approach to the study of experience and highlights the importance of understanding experience within the context of an individual's relationship with the world (Smith *et al.*, 2009). It relates to the interpretative part of IPA and requires the researcher to understand a participants experience from the participant's perspective, setting aside their own biases (Smith *et al.*, 2009).

Hermeneutics relates to the interpretative focus of IPA within which human beings are understood to be sense-making creatures (Smith *et al.*, 2009). Through verbal accounts participants attempt to share the meaning an experience holds for them, access to their understanding is then dependent upon the researcher's interpretation of that individual's verbal account. Researchers are therefore required to conduct second order sense-making as they attempt to make sense of the participants sense-making (Smith *et al.*, 2009).

Finally, idiography relates to IPA's commitment to understanding the particular experiences of individuals within a particular context rather than acquiring a general understanding (Smith *et al.*, 2009). The idiographic nature of IPA accounts for the small, purposively selected samples which allow detailed exploration of individual's experiences and close examination of convergence and divergence across participants (Smith *et al.*, 2009). IPA is therefore able to synthesise phenomenological data across participants, whilst also maintaining the unique accounts of individual participants.

It was anticipated that by asking staff open-ended questions about violence in their unit, a deeper understanding of their most salient personal experiences, and the meaning they assigned to those experiences would be uncovered. IPA was chosen as the most appropriate qualitative methodology for this study, in part, due to the links it makes between the things individuals say, their cognitions and their affective state (Smith, 1996). Its design therefore allows insight into individual's psychological worlds (Willig, 2008). IPA has also been described as being particularly suitable for researchers new to qualitative research due to the comprehensive, step-by-step guidelines for its use (Smith *et al.*, 2009) and the limited variability with which the method is applied (Braun & Clarke, 2006).

## **3.2 Ethical Considerations**

### **3.2.1 Ethical Approval**

The present study was approved by the Ethics Committee at the School of Health in Social Sciences at The University of Edinburgh (see Appendix 5) and the local Councils Children and Families Department (see Appendix 6).

### **3.2.2 Participant Distress**

The qualitative nature of the present study aimed to explore participant's personal experiences and was therefore recognised as touching upon potentially sensitive topics, which could provoke anxiety or distress in participants. Although the risk of this was perceived to be low measures to help participant's deal with distress were put in place.

Participants were reminded about the aim of the study at the start of the interview and the details of their consent form were repeated, with particular emphasis on their freedom to withdraw from the study at any point. The researcher acknowledged the potential for distressing content to be discussed and advised the participant that they could ask for a break or terminate the interview at any stage. They were also shown the semi-structured interview schedule, so as to prepare them for the type of questions which would be raised. At the end of the interview, once the recording equipment had been turned off, the researcher checked with participants as to how they were feeling emotionally. They were offered the opportunity to reflect on how they had found talking about their experiences of violence and were advised that should they feel distressed after leaving the interview setting they had the researcher's contact details if they wished to discuss their feelings further. The researcher was a Trainee Clinical Psychologist trained to deal with distress in situ. Participants were also directed to their usual support systems within their workplace.

During interviews if the researcher detected a heightening of distress participants were offered a break and they were reassured that some distress was normal during discussions about a highly personal and emotive topic. They were encouraged to use the interview as a safe space to explore their feelings and make sense of their experiences of violence.

### **3.2.3 Informed Consent**

Staff who participated in a face to face interview were asked to sign a consent form prior to the start of the interview. Consent forms (see Appendix 4) were sent out with the original information packs, which also contained an information sheet (see Appendix 3) detailing the scope of the study and what participation would involve. Both the information sheet and the consent form were presented to participants again at the start of the interview and participants were given the opportunity to ask any questions or withdraw from the study prior to the interview commencing.

### **3.2.4 Anonymity and Confidentiality**

Interview transcripts contained multiple identifiable features and needed to be anonymised, as far as possible, prior to analysis. Names of people and places were removed. Participants were informed during the process of obtaining consent that they would be directly quoted within the study, but were advised that all names and other identifiable features would be removed, where possible. Complete confidentiality could not be guaranteed due to the specific nature of the topics discussed. Participants were advised, however, that only those professionals directly related to the research project would see their final transcripts and that caution would be taken to provide minimal information within the final write-up so as to prevent participant identification. In line with best practice guidelines participants were assured that their views would be represented in a faithful and sensitive manner (Smith, 2011). Participants were given the opportunity to view their completed transcripts prior to analysis in order to assure that the final transcript accurately represented what they were trying to communicate and that they were satisfied with the level of identifiable features.

### **3.3 Participants**

#### **3.3.1 Sample Size**

The sample size required to conduct qualitative research is not definitive, however, literature on the use of IPA suggests that a smaller sample size allows a more detailed interpretative account of the sample (Smith & Osborn, 2008). The mean number of participants in recent IPA studies was 15, with a range of 1 to 42 participants (Reid *et al.*, 2005) and the recommended number of interviews for a professional doctorate was between four and ten (Smith *et al.*, 2009). In order to allow for participants dropping out or unworkable data recruitment in the present study was capped at 12 interviewees.

#### **3.3.2 Recruitment**

Participant recruitment was carried out between May and June 2012, and interviews were conducted between July and August 2012. Twelve units, as outlined in Chapter 2, agreed to participate in the study and a total of 279 information packs were distributed amongst residential staff. In total 35 staff members agreed to participate in a face to face interview. Purposive sampling was used to choose the interviewees in order to ensure a homogenous group of participants, for whom the research questions was significant (Smith *et al.*, 2009). Purposive sampling aims to identify individuals who have a breadth of experience of violence and are likely to provide a meaningful insight into the research question, whilst representing an even mix of age and gender (Flick, 2007).

### **3.4 Procedure**

#### **3.4.1 Data collection**

The researcher attended three units' team meetings to present the study and allow perspective participants the opportunity to ask questions about the study. Information packs containing the researchers contact details were distributed

amongst the remaining nine units so as to allow perspective participants the same opportunity to discuss the study with the researcher. Information packs contained an information sheet, a consent form for participation in a face to face interview and a pre-addressed envelope for their return. Staff were given four weeks to return their packs. A reminder phone call was made to unit managers after two weeks to prompt staff.

Semi-structured, one to one interviews were conducted within the present study and are the most common means of data collection within IPA studies (Smith *et al.*, 2009). One to one interviews allow rapport to develop between the participant and the researcher. It is hoped that the more comfortable the interviewee is the more open and in-depth their personal account will be, therefore, producing rich and meaningful data.

A pre-prepared semi-structured interview schedule (see Appendix 7) permitted the researcher to set a loose agenda, however, flexible adherence by the researcher allowed the interview to be predominately participant led. The interview schedule, following guidelines set out by Smith and colleagues (2009), consisted of six questions: the first question was more descriptive and less personal in order to allow the participant to ease into the interview. Later questions were more analytical and explored staffs' personal experiences. Follow-up prompts were also included in the interview schedule to allow for clarification or to stimulate deeper exploration of the participants account.

Interviews were conducted with participants at a location of their choosing, as outlined in Chapter 2, were digitally recorded and lasted between 30 and 70 minutes. As previously discussed informed consent was sought prior to the start of the interview and the format of the interview was outlined. Before the recording equipment was turned on participants were given the interview schedule to read and they were advised that they could decline to answer any questions they felt uncomfortable answering. The definitions of verbal and physical violence were also clarified. At the end of the interview participants were asked to reflect on the



interview process and were given the opportunity to discuss with the researcher any concerns or questions they had regarding the research or the research topic.

### **3.4.2 Analysis**

IPA involves in-depth case-by-case analysis followed by cross-case comparisons. To achieve in-depth single case analysis the researcher was required to immerse themselves in the data contained within each interview and attempted to set aside their own biases and assumptions, plus themes highlighted in previous transcripts (Smith *et al.*, 2009). Interview transcripts were analysed using a six stage process of IPA, developed for use by novice IPA researchers, in accordance with guidelines set out by Smith and colleagues (2009).

#### ***Step 1: Reading and rereading transcripts***

The first step in the analysis process was to become immersed in the data. The researcher started this process by firstly listening to the digital recording of each interview and taking note of any ideas or recollections that came to mind relevant to the interview. The transcribed interviews were then read and reread by the researcher, who continued to note ideas or themes which may have proven relevant later during analysis.

#### ***Step 2: Initial noting***

Line-by-line analysis of each transcript was conducted on a more exploratory level and notes on points of interest were recorded. The transcripts were analysed on three levels and comments were recorded in the left hand margin of the transcript (see Appendix 8). The three levels consisted of: descriptive comments, linguistic comments and conceptual comments. Descriptive commentary involved highlighting key words or phrases which the participant used and superficially describing what they said. Linguistic commentary was about identifying the specific language that participants used to express themselves or the way their language communicated their affective state. Finally, conceptual commentary required looking beyond the participant's verbal accounts and questioning the meaning behind what was being said.

#### ***Step 3: Developing emergent themes***

The development of emergent themes required the researcher to incorporate the participant's initial verbal accounts with their own interpretations of their meaning. This involved further exploration of the connections and patterns which emerged during initial noting and focused on distinct sections of the transcript. These emergent themes were noted in the right hand margin of the transcript (see Appendix 8).

#### ***Step 4: Connections across emergent themes***

This step involved bringing all the emergent themes together to explore how they were connected and therefore how they could be categories. Emergent themes for each participant were collated in a typed list, printed out and cut up so that each theme sat alone in its own right. They were then grouped into categories which represented 'super-ordinate' themes.

#### ***Step 5: Moving to the next case***

The next step involves moving from one transcript to the next and repeating steps one to four, which was conducted across all 11 transcripts. This required researchers to maintain clear separation between transcripts and allow the continued emergence of new themes across cases.

#### ***Step 6: Looking for patterns across cases***

The final step involved pulling the themes that had emerged across all cases together, identifying recurrent themes and those unique to the individual. This process involved comparing the super-ordinate themes which had emerged from each transcript and resulted in rearranging categories and relabeling themes. Although in the past, the frequency of themes has been claimed to be unimportant (Smith *et al.*, 2009), in line with recent guidelines super-ordinate themes in this study were only presented if they were referred to within half of the transcripts (Smith, 2011). A table documenting the frequency of each theme across transcripts was produced (see Appendix 9).

### **3.5 Ensuring Quality**

For years now there has been frustration and disagreement about how qualitative research should be evaluated, as a result of the inappropriate use of quantitative measures of validity and reliability (Smith *et al.*, 2009). In recent years, however, more appropriate guidelines have been produced for the evaluation of qualitative research (e.g. Elliott *et al.*, 1999; and Yardley, 2008). Smith and colleagues (2009) have recommended the use of Yardley's (2008) guidelines due to its wide ranging criteria and application irrespective of theoretical orientation.

Yardley (2008) proposes the use of four principles when appraising the quality of qualitative studies: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance, which will be discussed further here.

#### **3.5.1 Sensitivity to Context**

Sensitivity to context can be demonstrated by several means and Yardley (2008) suggests the following: drawing on previous research on the subject or closely related subjects can offer insight into appropriate qualitative design and methods and as well as theoretical insights. She also highlights the importance of recognising the impact that the researchers characteristics and the environment within which the data collection takes place can have on the data and the potential for researchers to impose their own biases onto the data.

Two of these factors were particularly relevant within the present study and were considered within the design of the study. Firstly, the environment within which the interviews were conducted were carefully thought out and the decision was made that participants were best placed to decide where they would be most comfortable. As such participants were given a choice of venues from which to choose. The majority of participants chose to conduct their interviews at the University of Edinburgh which was viewed as a private and natural setting where there was no risk of encountering young people of staff from their work. Secondly, it was deemed by

the researcher that it was important for participants to have an understanding of her beyond her post as a Trainee Clinical Psychologist. The researcher therefore outlined her background as a residential childcare officer prior to entering psychology, either during the initial presentation of the research during team meetings or at the start of the interview. This was to prevent any power imbalance or any tendency by participants to censor their answers so they were more socially acceptable, at the expense of a deeper expression of their personal experiences.

### **3.5.2 Commitment and Rigour**

Commitment has been expressed by Smith and colleagues (2009, p.181) as 'attentiveness to the participant' overlaps slightly with 'sensitivity to context'. This involves ensuring the participants comfort within the setting that is chosen and the ethos of the interview as predetermined by the researchers communication style and engagement with the participant (Smith *et al.*, 2009). Yardley (2008) also describes 'commitment' to the research topic through extensive engagement with the background literature or a personal connection with the topic. 'Rigour' on the other hand referred to a thorough engagement with the methodological process, such as appropriate sampling and deep and insightful analysis (Yardley, 2008).

Within the present study commitment was achieved through the production of a comprehensive systematic review on a closely related topic and full immersion within the data by means of personally transcribing all the interviews. The researcher was also committed to the topic through her own personal investment both prior to commencing her training on the Doctorate and during her clinical placements. The researcher herself was a residential childcare officer with LAAC and had her own experiences of violence by LAAC and she continued to work with professionals within LAAC services during her clinical placement. She also conducted a pilot study of her Thesis within one residential unit for her small scale research project.

Rigour within the present study was also achieved through purposive sampling as outlined earlier and a homogenous sample was chosen in line with guidelines

proposed by Smith and colleagues (2009). Furthermore, the process of analysis was supervised by an academic supervisor, experienced in IPA, who offered feedback on identified themes and suggested minor amendments. Finally, direct quotes were taken from the transcripts to demonstrate and evidence how themes had been extracted and developed.

### **3.5.3 Coherence and Transparency**

‘Coherence’ refers to the consistency with which the research design and methodology was developed in line with the research question. But also the consistency within which the study was presented in line with the research question and chosen methodology. The present study aimed to maintain coherency through regular checks and discussions with an academic supervisor about analysed transcripts and the emergence of themes. Two academic supervisors also provided feedback on draft versions of the write-up.

‘Transparency’ refers to how well a researcher has outlined what they have done and why and how clear that is to the reader (Yardley, 2008). All steps taken during the process of analysis should be outlined and clearly evidence by means of tables and extracts (Yardley, 2008). The present study used summary tables, an extract of the coding process and direct quotations from participant’s transcripts to illustrate the steps taken during the analytic process.

### **3.5.4 Impact and Importance**

The final principle of ‘impact and importance’ refers to the direct impact the study will have on the reader and future research within the chosen field (Yardley, 2008). As well as addresses what contributions the study may make to practice. The present study is hoped to contribute to a somewhat neglected field of research through offering new insights into how staff make sense of violence and how services may be managed to better support staff in the prevention of violence, but also in more appropriate means of offering emotional support in the aftermath of violence. It was clear from the study findings that staff often felt excluded from the decision making

process within their workplace and that often left them feeling disrespected and undervalued. It therefore seems important to involve staff in the process of service development and management of young people, to encourage their sense of empowerment and their commitment to their role.

# **CHAPTER 4**

## **Extended Results**

## 4. Extended Results

This chapter describes the remaining three master themes that emerged from the 11 face to face interviews conducted with residential staff.

Analysis of the interviews conducted revealed four master themes: ‘violence in the context of young people’; ‘the impact of violence’; ‘staffs’ coping mechanisms’; and ‘the management of violence’. The first master theme was explored in Chapter 2 and the following three will be explored here.

### 1. The impact of Violence

All participants talked at length about the impact that workplace violence by LAAC has on them both professionally and personally resulting in the emergence of two sub-themes: professional consequences and emotional impact.

#### *1.1 Professional Consequences*

The majority of participants spoke of the impact that workplace violence by LAAC has had on them professionally and several spoke specifically about becoming accustomed to violence over the years as a result of its frequency. This type of habituation seemed particularly associated with verbal abuse which was described as a daily occurrence for the majority of participants. Habituation was however not exclusive to verbal abuse as P1 spoke of staff minimising physical violence as they compared succeeding incidents to those experienced during a long period of extremely violent behaviour.

*“...when staff have had a very difficult 6 months with one kid and he moves on they make light of the other ones that come after that...” P1.*

*“...I have been spat on more times than I care to remember and after a while you do just, it’s almost like you’re oblivious...” P3.*

*“I think the first time I was ever verbally abused, years ago, it maybe upset me I can’t really remember now but now I almost don’t really hear it, emm, it just goes over my head...” P8.*



Even when there was a lack of habituation towards violence it continued to be an expected part of the job which staff felt they had to cope with whether they accepted it or not. Furthermore, a minority of participants expressed the view that if staff were not able to accept it as part of the job they should reconsider their job choice.

*“I’ve always known it since I started working in residential that violence and aggression is potentially part of the work ...” P1.*

*“...I think we just sometimes have to accept that violence will happen and you can’t always sort it...” P8.*

*“...I’ve just learnt to accept that it is part of the job [ ] it’s part of the job that you need to do... whether... I don’t have any, I don’t like it, I don’t dislike it I just think if that needs done that needs done.” P11.*

In contrast incidents where participants described an increased sensitisation tended to be associated with threats of physical violence. Several participants talked about the potential for verbal abuse to escalate into physical violence. The potential for escalation, however, seemed to be somewhat unpredictable leaving staff feeling vulnerable and helpless.

*“...a lot of sort of in your face, really close shouting and balling and swearing and the stance, the threatening stance, but nothing actually happening. Inside thinking “oh my god!” and feeling really frightened...” P2.*

*“... a young person, emm, tanning [smashing] in every window of [ ] the building at 7:40 in the morning. Emm, all the young people in their beds, it was terrifying.” P8.*

*“... the verbal abuse can be quite terrifying if somebody’s right in your face screaming and shouting, threatening and all that you don’t know what’s gonna happen.” P9.*

As a consequence of staffs’ vulnerability several participants described being hyper-vigilant of the constant potential for violence. This appeared to be at the forefront of their mind even during settled periods. It was apparent that staff felt that incidents could escalate very quickly with little warning and to not be prepared could increase the risk of harm to staff and young people.

*"You always have to be on alert in secure units because you always have to be aware of the potential..."P2.*

*"...you are always aware - where is he, even if he's out of the building, when is he gonna come back, what are we gonna do, who else is in? I am always thinking like where is he and what's he doing and what surprise can he spring on me next kinda thing? " P8.*

*"... there's usually out of our 6 young people 1 young person whom we are being careful around and watchful of, so the potential is always there..." P10.*

A minority of participants described the constant threat of violence, particularly during difficult periods, as impacting on their working practice and commitment to their job. One participant spoke of taking more precautions and practising in a slightly different way and it was apparent that they felt this impacted negatively on the general atmosphere within the unit and could at times almost serve to perpetuate a violent atmosphere and staff and young people alike were hyper-vigilant. Such hyper-vigilance was also described as 'exhausting' as staff constantly tried to stay one step ahead of young people resulting in staff burnout, absenteeism and thoughts of changing jobs.

*"...I think you feel more on edge yourself ,emm, I suppose it can lead to quite defensive kinda practise, in terms of the kids - taking less risks and that could mean locking doors you wouldn't normally lock and just the atmosphere is just different..."P6.*

*"...I am thinking 'I cannae, see if it's the same tomorrow like, I'm gonna phone in sick next week because I cannae' it's, it's a job at the end of the day, [] and I need to try and keep things in perspective [] I need to take care of myself ...." P8.*

*"I suppose it did make me wonder "why on earth, why would I go back when that's likely to happen to you." P10.*

Participants communicated a general sense that the way they think about their work and the way they practice has evolved as a result of their experiences' of workplace violence. Although there was an element of habituation this was mostly associated with verbal abuse and in actual fact the potential for physical violence was often at the back of staffs' minds.

## ***1.2 Emotional Impact***

The second significant impact that most participants spoke of was the impact on their emotional wellbeing. For several this was a direct result of having been involved in an incident, not having the space to process it on shift and then going home and ruminating about the incident and the emotions it evoked.

*“...yes there’s times I’ve just got home and felt well distress and it’s come out, just poured out by some other means.” P4.*

*“... I mean you do go over it in your head. Yeah. I didn’t sleep particularly well...” P7.*

*“I mean I have come away from work feeling quite upset about what’s going on particularly when I was younger. Ehh, but now to say I could just walk out the place and not really care, you know that’s just a lie.” P11.*

For a small number of others the emotional response was much more subtle having built up over time and with a more physical presentation. Descriptions from a minority of participants could almost be likened to staff burn-out.

*“...its knacker when you’re working at the level we sometimes do, you’ve got periods where it’s just all kicking off. So you get a build-up and sometimes you’re not aware of it until it’s just something that causes you to, emm, realise and you think ‘ehh wait a minute I’m not functioning properly here’.” P3.*

*“I said to my manager in the morning I said ‘my tank is empty’ and I said ‘I am just like empty today I just cannae focus on anything’, and by lunchtime I was about asleep at the lunch table [] just felt exhausted, just drained mentally, you’re emotionally done in...” P8.*

What was of concern was that several participants talked about putting their feelings and emotional responses aside. It appeared that during working hours there was little time to take the space to deal with their emotional response to incidents of violence and that in doing so could reveal weaknesses to young people which might serve to escalate the situation. Whilst much of the containment of their emotions was

discussed within this context it was not clear if they returned to them later outside of work or if as P10 alluded to they just left the emotions to disperse over time.

*“You have to file it away at the back of your mind and deal with it later.” P2.*

*“I’m able to, what I call ‘bell-jar’ myself, cover myself with a field where the emotions are not going to affect me as much as possible.” P3.*

*“You almost don’t get time to feel yourself because you are just, you keep it in cause you want to deal with the situation – it always comes after.” P8.*

*“Just keep them till they go away.” P10.*

What was clear across participants was that the impact differed between verbal abuse and physical violence with verbal abuse being more readily habituated to up to the point at which it was perceived to be a threat of physical violence. The severity of the impact also differed slightly across participants with two participants claiming that incidents of violence had little or no impact.

Having extracted and discussed themes related to how workplace violence impacts on staff we now move to findings that highlight how staff cope with violence and the support systems that they access in doing so.

## **2. Staffs’ Coping Mechanisms**

After talking about the impact that violence had on them it was of interest to hear the majority of staff talk about how they coped with violence and two sub-themes emerged from this: personal protective factors and organisational responses.

### **2.1 Personal Protective Factors**

The most common personal protective factor that emerged was that of the support of family, however there were varying views about the type of support that family and friends were able to offer. Support was often dependant on family members’ personal views or work experience. Several participants had family with personal experience of LAAC and it appeared that they were then able to offer understanding and comfort

which the participants found helpful in trying to reflect and move on after an incident of violence at work.

*“...I'm fortunate that I've got, emm my parents both work with social work, support...” P6.*

*“... she [wife] worked in residential care as well so she understands, you know to some extent, what goes on. I mean lots of things have changed since 1985, ehh, but in general terms if I come in and say “look this is going on” she can listen and can give a different perspective on it if you like.” P11.*

One participant, however, actually found it unhelpful when their main support had their own experiences of LAAC. It seemed that talking to a partner who also worked in a residential setting with LAAC meant it was difficult to move forward as rumination about the incident continued at home. Conversely, having someone at home who did not fully understand seemed to prevent further dwelling on the incident outside of work.

*“...I used to live with someone who was in similar work as me but I don't now and it's refreshing because the person I live with doesn't have a full comprehension of the type of work we do and that actually helps because, ehh, there's no need for me to go through the ins and outs and the what ifs...” P4.*

There was however several participants who had very different experiences from P4 and felt that actually it was difficult to rely on support from people who did not understand their job and the young people they cared for. It appeared that these participants wanted to confide in their loved ones but felt their lack of understanding caused them to react defensively. It seemed those families' protective reactions actually left participants feeling more alone and misunderstood as they attempted to defend the situation and why it was safe for them to return to work.

*“... I wasn't sure that I should tell him or not... I was aware of the fact that he was very concerned and he said ‘you know you should have got that young person charged’ and I said ‘No. You weren't there. You don't do my job. You don't know. You know....your job is nothing like my job....so you can't comment on what I should and shouldn't have done’ ... P7.*

*“...I had a word with my husband, emm, his first reaction was like ‘how dare somebody hit you, who is he and where do they stay, where do they stay’ that sort of thing...he was really angry about it, emm, really angry...” P8.*

*“... I don't really want to go home and tell like my mum or my partner or anything some of the stories of things that have happened because they'll be like 'is it ok for you to be there?'... ” P9.*

One participant expressed that the most helpful thing for him was actually to keep his work and his personal life separate. He, therefore, did not rely on his family to support him after an incident of violence and would instead expect that support to come from work.

*“...if I have a violent incident here the wife will never know about it because it's not relevant to my home life, you know its eh... I would never go home and kind of describe the incident and expect support there because I think the supports in your workplace are for that.” P1.*

Several other participants also spoke of the benefit of being able to leave work behind at the end of the day. It was clear, however, that not everyone was able to do that and for some this was something that came with experience.

*“...it's like 5 minutes before my shift ends my head empties and then my head comes back on 5 minutes after I start.” P5.*

*“When I first started here because of the nature of the job I found it very difficult to leave anything at work, emm, but now I'm so used to it I can leave things at work and go home and forget about it until I come back.” P9.*

*“In general terms I look at it like any other job: a mechanic, you know sorta puts on his overalls, gets his tools out and goes to work, takes his overalls off, puts his tools away when he leaves and in general terms that's how I look at the job.” P11.*

Being able to leave work behind also appeared to be aided by engaging in pleasurable activities almost as a means of distraction or relaxation.

*“...I love cycling, I love reading I find that just a great form of escape and I say again being a vegetarian for the last 10 years and it just makes you feel, you know, makes you feel you can cope, you know, better able to do it and I just think cause I enjoy it...” P3.*

*“Another outlet would be to take myself away to place that I love: to my allotment to do some digging something furious, something energetic, something that is totally different.” P4.*

*“I was good to myself; I enjoy swimming, so I went swimming on Friday night, went to the local pool, went for a sauna, the steam room and just totally had time to myself and chilled out.” P8.*

It seemed that opinion was divided as to how much family can be relied upon for support in the aftermath of workplace violence. For some it was helpful and for others it caused further conflict. It does however seem to be important to have a balance between work and personal life, an ability to separate the two, and, along with hobbies and interests, family can be part of that.

*“... spending time with family when I go home. That’s how I cope with my anxieties...” P9.*

## **2.2 Organisational Responses**

As P1 mentioned there are organisational support systems in place to help staff cope with violence and this was reflected in the dialogue of the majority of participants. Although there was a great deal of discussion about formal de-briefings and the policies and procedures behind that it was clear that, actually, the majority of participants found informal support between colleagues to be the most helpful.

*“...if you feel part of that team then that’ll carry you an awful long way if you can depend on them and rely on them and you can rely upon their support and what have you that goes a long way.” P3.*

*“Yeah after you’ve got the kids settled you’ll have a cup of coffee with whoever you’ve been involved with you’ll have a peer counselling session where you might say ‘what was that about, bla, bla, bla?’” P5.*

*“So I am saying to her ‘you okay? – If you need to cry you can cry’ and then it was my turn to cry and then we’d swap with getting angry and upset ....we were able to say we were scared and how we were feeling and we were able to be upset ...”P8.*

*“... a colleague had shared with me how she felt and it was the same.” P10.*

It was apparent that immediately after an incident of violence the majority of staff found the best way to wind-down and process their feelings about what had just happened was to talk to their colleagues about how they were feeling. It seemed important to some to feel valued by their colleagues, to feel that they were an important part of the team, to feel that they were not alone and that their feelings were important. Staff seemed to achieve this through simply asking each other if they were ok or facilitating time-out for each other.

Despite some participants querying the usefulness and the intention of formal de-briefings several found informal support from management helpful. Similar to the support offered between colleagues, staff were looking for managers to acknowledge their role in the incident and validate their feelings.

*“The first manager recognised that in the team and would say to people ‘Do you want to just not come in?’ half way through the shift ‘don’t bother coming in tomorrow’ or whatever you know something might have happened earlier in the shift and it’s ok now and you just want to get away early”.* **P3.**

*“Like when I was assaulted this week... my manager said, ‘Are you OK? Come and sit in here, would you like to go home? Do you feel you need to go home? What do you, you know, what do you want to do?’ I said ‘actually I’m OK’. And we had a cup of tea and had a chat...”* **P7.**

*“...my manager is really supportive in terms of, the day I went back, the Monday I went back after the previous assault on the Thursday she did take me aside, and just let me talk about how I felt, what happened and how I had felt over the weekend...”* **P8.**

The final organisational support system that seemed to help staff cope with workplace violence was having the opportunity to discuss the incident, reflect on it and learn from it as a team. This was often in the form of a formal de-brief but it also appeared to occur informally too which proved to be just as helpful.

*“...gives everyone a chance to sort of analyse it and talk about it instead of sort of bottling it up...”* **P2.**

*“So the de-briefing part may be ‘how did we get to that position?’, ‘how did it escalate that they had to be held?’ or what have you, a lot of that.”* **P3.**



*“...you sit down with the folk involved and try and find out why or if there was a trigger that set it off so we dinnae do it again.” P5.*

*“... sort of debrief with kinda management sitting down and checking people are okay and you know, what happened looking at what we could've done differently and what we need to learn from that...” P6.*

It is clear that staff needed support to cope with workplace violence and that they found that support in a range of people and places. For some it was important to maintain a good work life balance, and that coping better with violence often came with time and experience as they developed the personal skills to leave work at the door at the end of their shift. For others it was more difficult to leave work behind and they therefore often relied on the support of their family. Although, it was clear that turning to family for support often came with its own difficulties and some staff described being left having to contain their loved ones anxieties about workplace violence.

### **3. Management of Violence**

All participants spoke of their experiences of how violence is managed within their organisation and this master theme was broken-down into two sub-themes: use of CALM and police involvement.

#### ***3.1 Use of Crisis, Aggression, Limitation and Management (CALM)***

CALM (Perkins and Leadbetter, 2002) is a nationally accredited training program which serves to manage and reduce the risk of violence and it is part of the behaviour management policy that the units participating in this research employ. It consists of behavioural management strategies and physical intervention.

*“...it's a form of training that enables you to work, either at you know low levels of helping a young person come down from how they're feeling, up to the high levels where you may need to use a restraint.” P7.*

All participants spoke of their experiences of using CALM. Generally staffs' feelings about CALM were quite positive, they described it as teaching de-escalation

and preventative measures and promoting physical intervention as a last resort. Several staff emphasised how the implementation of CALM had brought about a different culture in residential care. It seemed that staff felt more confident managing potentially violent situations because CALM provided them with very clear guidelines on what to do. There was also a general feeling from participants that the introduction of CALM had removed the use of force or intimidation in the management of challenging or violent behaviour.

*"I think prior to CALM coming in, I was working with the department before that came in, I think it was very much a dangerous situation for both parties. I think I can remember going into physical incidents not knowing what to do and it was almost a force meets force way of managing behaviour and I think CALM removed that from us and it's much about... there's no force really needed for CALM." P1.*

*"...what they were trying to do was manage the violence by taking on staff who were 6 foot 2, 17 stone..." P11.*

Although a small number of participants described inappropriate use of CALM when it first came into use, with staff initially being too quick to restrain, they acknowledged that was less of a problem now as the behavioural management and theory-based aspects of CALM were coming more to the forefront of the training. There appeared to be an implication by staff that the use of physical restraints had reduced and that this was a positive change for staff, young people and the general ethos within units.

*"Instead of trying to de-escalate it they would immediately prepare for a restraint. Emm, but historically I'm glad to say that's historical, that doesn't happen anymore." P2.*

*"I think staff in years gone by were definitely, emm, I think they used restraint, very often they used restraint as the first means of dealing with the problem as opposed to lets genuinely use it as a last resort, which it always was supposed to be used as." P10.*

*"...people are taught how to use it they want to practice it so you become a wee bit too much the other way, you begin to 'will I go in there' people go in too quickly. But I think actually at the moment we've reached not a bad stage where it's now seen as a routine part of the way we deal with kids. Restraint is seen as mostly the last resort." P11.*

In light of developments in the behavioural management of CALM the majority of staff described their experience of using preventative and de-escalation techniques. Successful use of such techniques seemed to be based on investing in relationships with young people first and using those positive relationships to manage behaviour. Relationships helped staff know what techniques to use based on their understanding of the individual young person and their ability to read their mood.

*“...it’s more about attachment promotion within the units and the relationships that we have with the young people so it’s more about de-escalation techniques than CALM just now.” P2.*

*“...it’s none of this hands up, it’s just like trying to make them laugh or trying to see the funny bit about it or use something in that sense just trying to cheer them up ‘what’s this all about?’ You try and use your personality and the relationship you’ve got with that young person to bring it down...” P3.*

*“You get the normal stuff ‘paedo’ and ‘fat bastard’ I used to offer them sweeties if they could come up with a new one and that ken ‘if you can come up with an original one I’ll buy you a mars bars’ and that.” P5.*

*“...the most important part of the CALM training is the verbal part of the CALM training being able to talk to the person or not talk to the person. It’s about knowing when to talk and when not to talk.” P11.*

Humour was a common strategy that some staff spoke of using to de-escalate situations. It was, however, apparent from participants’ descriptions of their experiences’ that CALM was not prescriptive and that each young person and each incident was individual. It appeared this was where experience was invaluable and highlighted the importance for each incident to be treated as a learning experience.

Physical interventions, although a last resort, were described by most participants as being unavoidable, in some instances, as a means of keeping young people and staff safe, which was expressed by the majority of participants as the priority. It did, however, seem that often staff prioritised the young person’s safety over their own as they described incidents of physical restraint that had resulted in themselves becoming injured.

*“...the bottom line is about the safety, ensuring the safety of the young person who might be trying to harm themselves or other people and about the safety of the staff.” P2.*

*“...I think a lot of young people when they, emm were held or had to be held or had to be restrained it was either to stop them either totally wrecking a place or harming themselves, putting themselves at risk...” P3.*

*“...the majority of the time it’s a means to an end to get them safe so they cannae hurt themselves.” P5.*

Most participants spoke of the rigorous training that is required for the use of CALM and the regular practices and annual reaccreditation that is undertaken in order to keep staff confident and proficient in its use.

*“It’s 4 days in total but you have to remember that you are reaccredited in this every year so it’s not as though you get it and that’s you...” P1.*

*“Each year we’re reaccredited so we have a whole day where we do practice and then we’re reaccredited on that...” P2.*

*“We’re trained and we’re reaccredited every year and every member of staff here, uhm care staff and teaching staff have to have that to work with the young people here.” P7.*

It seemed important to staff to emphasise these points and was suggestive of their discomfort in having to use physical interventions with young people. There was a sense that in doing so they were disempowering young people or somehow impinging on their human rights and certainly their personal space.

*“...nobody feels good about doing CALM intervention.” P2.*

*“Sometimes you feel really, I can’t remember what the right word is, terrible or big and macho an that cause you’re holding them you feel a bit, I don’t ken what the right word is, it doesna feel right.” P5.*

*“It’s horrible because you’re restraining them, like sort of taking their freedom away from them aye. I can imagine it myself, being quite claustrophobic. So it’s upsetting for everyone involved.” P9.*

Although staff described feeling uncomfortable conducting physical restraints on young people several of them questioned whether in actual fact it was sometimes

what the young person wanted. It has been previously discussed in another master theme that young people lack the ability to express their needs and that as a result they often use inappropriate strategies to get their needs met.

*“...hold them securely and they would then just peak and then they would start coming down and it was almost like they were unable to articulate their needs in terms of ‘I want a hug’...” P3.*

*“I think a lot of boys when they get to that stage they actually want more of a cuddle, but they can’t know how to accept cuddles, so what they do is they take it a step further and they end up physically restrained.”P7.*

*“...sometimes you think ‘is this actually what they’re wanting? Are they doing this to get restrained, to get some contact?’”P9.*

Staffs’ experience of CALM suggested that it is an invaluable resource to have and that there are certainly instances where its use is required but all in all it is a last resort and staff preferred not having to use it.

### **3.2 Police Involvement**

Often where CALM was not an appropriate intervention several participants described policies which directed them to call the police.

*“...some of my young people have alcohol and drug issues and if they come up to the unit in that state and they get aggressive, if need be, my risk assessments do say phone the police ...” P2.*

*“Sometimes circumstances are that you need to call the police whether that be because of the severity of what’s happened or because other people are involved who maybe want to...” P6.*

*“We’ve had one of the girls having a knife threatening another kid so we just phoned the police because that would be our policy anyway we would nae go up, get involved with somebody with a knife anyway we just call 999 right away...” P9.*

There was a sense from these participants that calling the police was not a decision that was taken lightly and was something they would avoid where possible. Once the police became involved it often raised the question of pressing criminal charges

against young people, a topic which appeared to cause some division within units. One participant described the difficulty in having a blanket policy regarding the criminal charges taken against young people:

*“The boss ages ago was like it should be standard because I don’t want people to have to choose, d’y know to get somebody charged if you’ve been assaulted you’ve been assaulted. Emm, but there may be times that I don’t know something horrific has happened and or, emm, the kid’s had some really, like really traumatic time over something and they come back and they’re being a nightmare shouting and all that and they might like push somebody or something in a fit of rage and storm away. Emm, and you could excuse it and say well that was because of that we don’t really want them getting charged.” P9.*

This emphasises the individual nature of every incident and each young person and goes back to a master theme previously discussed regarding staffs’ understanding of violence in the context of young people and not just their past experiences but also the difficulties they are continuing to deal with on a day to day basis. The argument for having a blanket policy on criminal charges seems to have been an attempt to remove the personal bit so to avoid blame and resentment. It is, however clear that involvement of the police is not straightforward and in actual fact sometimes they can take the decision to press charges out of staffs’ hands.

*“... I didn’t want him charged cause I didn’t think it was an offence, partly because, eh, when I came round the corner I think he was in the process of throwing the chair and couldnae back out of it. He was throwing a chair; did I happen to be in the wrong place at the right time? My argument was ‘yes’ the police obviously treated it differently... “P1.*

*“...in my unit is to try not to use the police as much as possible and if you’re charging the young person who’s obviously going through some trauma there is a feeling you’re losing touch with what that trauma’s about... “ P4.*

*“... we will try not to involve the police or have them charged... the problem I have with that is that a lot of these kids who’ve had a lot of contact with police and normally have done through-out their life, ...don’t necessarily have much respect for the police and I think it just, emm, normalises it for them, that it’s part of their life.” P6.*

A minority of participants also spoke about the message that they believe criminal charges or police involvement sent to young people and the questionable value in that. Again this seemed to go back to staffs’ understanding of where the violence

comes from and involving the police suggests that this has been lost sight of and that it is actually not in the best interest of the young person.

# **CHAPTER 5**

## **Conclusion**



## 5. Conclusion

The aim of this research was to explore staffs' experience of violence by LAAC in residential care and how they conceptualise it.

All the residential staff interviewed reported experiencing verbal abuse by LAAC in their workplace, consisted with the findings of Balloch *et al.*, (1998). The frequency of verbal abuse was described as an almost daily occurrence. Consistent with previous research the frequency of physical violence was found to be rare compared to verbal abuse by LAAC in residential settings (Kilpatrick *et al.*, 2008).

Participants appeared to minimise the emotional consequences of workplace violence which is in stark contrast to Snow (1994) in which 75 per cent of child and youth workers met criteria for psychological distress. The resounding theme across participants appeared to be about supressing negative emotions. However, participants described increased sensitivity to verbal abuse in the form of threats of physical violence. The potential for verbal abuse to escalate into physical violence appeared to be anxiety-provoking for staff and resulted in a level of hyper-vigilance. Past research has also identified threatening behaviour as having the most problematic consequences for workers (Newhill & Wexler, 1997).

What also came across from the interviews was a greater emphasis on the professional consequences of violence. The majority of participants at interview described experiencing a level of habituation to violence, consistent with the findings of Virkki (2008), on social workers' experience of workplace violence. This appeared to be most relevant to verbal abuse due to its high incidence, but also, although less frequently, to physical violence following difficult periods of repeated physical violence.

Habituation to verbal abuse also seemed apparent in the lack of support that was offered or sought after an incident. Support received after verbal abuse was most often in the form of informal support from colleagues, and staff reported finding this the most helpful kind of support. Many workers stated that they did not feel the need for formal support after verbal abuse as they minimised its impact and almost implied that it was merely part of the job. There was also a lack of formal support

received after physical violence, but when it did occur it was most often in the form of a de-briefing between management and the staff involved in the incident. De-briefings were described as an opportunity to discuss what had happened before, during and after an incident and reflect on it as a team. There were mixed feelings across participants about the usefulness of formal de-briefings. The timing and the purpose of de-briefings seemed the most important aspects when assessing staffs level of satisfied. In general staff wanted time to process the incident themselves before a de-briefing and felt they were most helpful if they provided an opportunity for reflexivity that could contribute to the management of future incidents. The importance of feeling part of a supportive team highlighted here resonances with findings from previous studies where a supportive staff team, with good communication skills have been found to sustain high staff morale despite incidents of violence (Mainey & Crimmens, 2006). Staff also highlighted the importance of feeling valued and respected by management when coping with violence and their sense of powerlessness has been a common theme in past research (Heron & Chakrabarti, 2003). Staff have described being excluded from decision making processes and policy development leaving them feeling undervalued and limited in their ability to support young people (Heron & Chakrabarti, 2003).

The final theme identified across the interviews focused on the management of violence and highlighted the use of formal behaviour management training and involvement of the police. The implementation of nationally accredited Crisis, Aggression, Limitation and Management (CALM) training (Perkins & Leadbetter, 2002) was highlighted by the majority of interviewees as having had a positive impact on behaviour management. It incorporates physical intervention and de-escalation policies which staff described as providing them with clear guidelines on the management of physical violence. An increasing focus on de-escalation appeared to be reducing the use of physical restraints and clear physical interventions were described as having reduced the use of force by staff.

There was an overarching sense from staff that physically restraining young people was an emotional act for both staff and young people and one that they would rather

avoid where possible. Staff, in previous research, have expressed feelings of guilt and doubt in relation to physically restraining young people (Steckley, 2010). It was, however, highlighted here and in previous research that physical restraints, although deemed as a last resort, are often necessary to keep young people and staff safe in situations where harm is occurring or likely to occur (Steckley, 2010). Staff, however, often spoke of a sense that young people sometimes invoked physical restraint as a means of gaining physical contact. This point was echoed by the residential staff in Steckley's (2010) study and also by the young people that were interviewed. The young people in Steckley's (2010) study described a need to be held in order to obtain comfort and not knowing any other way to achieve that comfort, they also described how being physically restrained made them feel safe and cared for.

Across the interviews there was also a focus on de-escalation strategies and an important point that came across was the necessity for good relationships between staff and young people in order to facilitate de-escalation. This point, too, was echoed in Steckley's (2010) study where both staff and young people spoke of good relationships being used to diffuse volatile situations, de-escalate young people and prevent physical interventions.

Often where physical intervention was not appropriate and preventative or de-escalation strategies had been unsuccessful, staff highlighted a need for police intervention. This was often a last resort and was something that the majority of staff were unhappy about. The reason most often stated for police involvement has been assaults on staff (Hayden, 2010). Offending behaviour has been found to be more common in residential units as a result of both the diverse mix of young people, with very complex difficulties and the mere culture within units to call upon the police to manage behaviours which might otherwise have been managed within the family home (Hayden, 2010).

## **Clinical Implications**

A key feature from this study was the lack of appropriate support systems in place for staff. Participants were clear about what support was helpful and unhelpful, they should therefore be consulted in the development of support systems made available to them in the aftermath of violence. Staff also described the importance of feeling valued and respected and how feeling excluded from the decision making process can undermine those feelings. Allowing their increased involvement in policy development may, therefore, serve to empower staff and increase their commitment to their role, thereby facilitating better working relationships between staff and management and staff and young people.

## **Limitations**

Given the qualitative design of this study the aim of the research was to develop an understanding of staff members' personal experiences of violence. The study, therefore, lacks the ability to make any definitive quantitative predictions about the incidence of violence. Although future studies may benefit from a standardised measure of the incidence of violence, the qualitative nature of this study provides rich and thought provoking detail about individuals' experiences of violence which could not be gained from quantitative research.

In line with the guidelines for qualitative research (Smith *et al.*, 2009), the study consisted of a fairly small sample size which could be argued to be unrepresentative of the overall cohort. Despite the use of purposive sampling to choose individuals likely to provide a meaningful insight into the research question, whilst representing an even mix of age, gender and experience, the idiographic nature of the research limits any generalisations. This was, however, not the aim of the research and the focus on individual accounts can still contribute meaningfully to the wider body of research currently available, whilst also influencing future research.

A unique aspect of the qualitative research method IPA is that it encourages the researcher to relate to the data within a context of their own experiences. It is

important, therefore, to acknowledge the increased risk of the researcher's personal biases and idiosyncrasies influence on the results. However, the researcher's awareness for the potential for bias encouraged reflection on their own experiences as a residential childcare officer and how that influenced their interpretation of the data. It is hoped that the researcher's reflections will have minimised the potential for bias where experiences have been divergent, whilst allowing convergent experiences to positively influence the interpretative process.

A limitation of this research and research on workplace violence generally is the lack of a clear, universal definition. This is also known to have clinical implications on the in house recording of incidents of violence within individual units and services, through inconsistent reporting (Macdonald & Sirotich, 2001). Despite clearly defining types of violence prior to the interviews it was apparent through-out the interviews that staffs' understanding and tolerance of violence was different between individuals.

A final limitation of this study was the lack of a formal measure of staffs' wellbeing. In the absence of this the emotional impact of violence reported by staff appeared inconsistent and was potentially minimised. Similar to the limitation of the research to draw definitive conclusions about the incidence of violence our understanding of the emotional impact of violence although informative on an individual level cannot be generalised.

### **Future research**

A useful area for the focus of future research would be on the development of a universal definition for workplace violence and a standardised measure of violence, particularly concerning this specific population. Hopefully, the development of such would strengthen the reliability of future research on the incidence of violence by LAAC in residential settings. Future research with residential staff would also benefit from the inclusion of a formal measure of their wellbeing so to ascertain the emotional impact of workplace violence.

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# **APPENDICES**

**APPENDIX 1:**  
***Quality appraisal framework for qualitative studies***

**Qualitative Critical Appraisal Framework**

Criteria were developed by the author and are based on the Scottish Intercollegiate Guidelines Network methodology checklist for cohort studies (Methodology Checklist 3: Cohort Studies, SIGN, 2011) and the Critical Appraisal Skills Programme questions (CASP) (CASP, Anglia and Oxford RHA, adapted from Mays N & Pope C. Rigour and qualitative research. *British Medical Journal*. 1995; **311**: 109-112).

**Research question: What impact does work related violence and aggression have on social workers in children and family services?**

2 = Well covered/ addressed,                      1 = Adequately covered/ addressed,

0 = Poorly covered/ addressed,                      N/A = non-applicable

**DESIGN**

1. Study addresses an appropriate and clearly focused question.

*Thinking points:*

- *Is there a clear statement of the research aims?*
- *Is there a consideration of why the research is important/ how the research is relevant?*

Question(s) appropriate and clearly defined (2)

Question(s) appropriate and adequately defined (1)

Question(s) inappropriate or not specified (0)

2. Qualitative methods were appropriate for answering the research question.

*Thinking points:*

- *Are qualitative methods appropriate?*
- *Does the research interpret or illuminate the actions/ experiences of research participants?*

Qualitative methods were appropriate and clearly reported (2)

Qualitative methods were appropriate and adequately reported (1)

Qualitative methods were inappropriate or poorly reported (0)

3. The research design was appropriate to address the aims of the research?

*Thinking points:*

- *Is the research design appropriate to address the aims of the research?*
- *Has the researcher provided justification for the research design method used?*
- *How did they decide which method to use and why, was this discussed?*

Research design is appropriate and clearly reported (2)

Research design was appropriate and adequately reported? (1)

Research design was inappropriate or poorly reported (0)

## **SAMPLING**

4. The recruitment strategy was appropriate for the aims of the research.

*Thinking points:*

- *Was the recruitment procedure clearly explained?*
- *How were participants selected, was this clearly explained?*
- *Was there an explanation of why the chosen participants were the most appropriate in investigating the research question?*
- *Is there discussion around participants who chose not to take part?*
- *Is the participant sample relevant to the research question?*
- *Is the participant sample clearly described?*

Recruitment strategy was appropriate and clearly reported (2)

Recruitment strategy was appropriate and adequately reported (1)

Recruitment strategy was inappropriate or poorly reported (0)

## **DATA COLLECTION**

5. Method for data collection is appropriate for the research question and clearly reported.

*Thinking points:*

- *Is there a clear description of how data was collected (i.e. use of interview topic guides)?*
- *Are methods of data collection appropriate for the research questions and research design?*
- *Is the form of data clear (e.g. tape recordings, field notes etc.)?*
- *Is the setting for data collection clearly justified?*
- *If methods were modified during the study has this been justified?*
- *Is the form of data clear?*
- *Is the saturation of data discussed?*

Data collection is appropriate and clearly reported (2)

Data collection is appropriate and adequately reported (1)

Data collection is inappropriate or poorly reported (0)

## **DATA ANALYSIS**

6. Procedures for data analysis were appropriate, justified and well reported.

*Thinking points:*

- *Is there an in-depth description of the analysis process?*
- *Is an established qualitative method of analysis referenced (e.g. IPA, grounded theory etc)*
- *Is it clear how categories/themes were derived from the original data?*
- *Is there sufficient data presented to support the findings?*
- *To what extent were contradictory data taken into account?*

Data analysis is appropriate and clearly reported (2)  
Data analysis is appropriate and adequately reported (1)  
Data analysis is inappropriate or poorly reported (0)

7. The findings were clearly stated, well evidenced and relevant to the original research question.

*Thinking points:*

- *Are the findings clearly stated?*
- *Are the findings discussed in relation to the original research questions?*
- *Is data presented alongside the findings to support them (e.g. use of direct quotes).*
- *Is the credibility of the findings discussed (e.g. more than one analyst, triangulation etc.)*
- *Are strengths and weaknesses of the research addressed?*

The findings addressed the research question well and were clearly reported (2)

The findings addressed the research question and were adequately reported (1)

The findings relevance to the research question were limited (0)

## **REFLEXIVITY**

8. The researcher reflected on their relationship with participants and on how their personal viewpoint may contribute to the research process.

*Thinking points:*

- *Is the relationship between the researcher and participants considered within the research process?*
- *Do researchers reflect on their own personal viewpoints and experience that they may contribute to the research process?*

Reflexivity was appropriate and well reported (2)

Reflexivity was appropriate and adequately reported (1)

Reflexivity was inappropriate or poorly reported (0)

## **EXTERNAL VALIDITY**

9. Evidence of generalizability beyond the trial population (appropriateness of study setting and recruitment procedures, evidence supported by previous research)

*Thinking points:*

- *Can the findings contribute to future policy development?*
- *Does the researcher discuss the contribution the study makes to existing knowledge or understanding?*
- *Do they identify new areas where research is necessary?*
- *Does the researcher discuss whether or how the findings can be transferred to other populations or considered other ways the research may be used?*

Generalizability robust and clearly reported (2)



Generalizability adequate (1)

Generalizability limited (0)

## **ETHICAL CONSIDERATION**

10. Have ethical issues been taken into consideration?

*Thinking points:*

- *Are there sufficient details of how research was explained to participants?*
- *Does the researcher discuss ethical issues raised by the study (i.e. informed consent, confidentiality)?*
- *Was approval sought from an ethics committee?*

Ethical issues were dealt with appropriately and clearly reported (2)

Ethical issues were dealt with adequately and clearly reported (1)

Ethical issues were inappropriately dealt with or poorly reported (0)

**APPENDIX 2:**  
***Quality appraisal framework for quantitative studies***

**Quantitative Critical Appraisal Framework**

Criteria were developed by the author and are based on the Scottish Intercollegiate Guidelines Network methodology checklist for cohort studies (Methodology Checklist 3: Cohort Studies, SIGN, 2011)

**Research question: What impact does work related violence and aggression have on social workers in children and family services?**

2= Well addressed/ covered,                      1= Adequately addressed/ covered,  
0= Poorly addressed/ covered                      N/A = Non applicable

**DESIGN**

1. Study addresses an appropriate and clearly focused question.  
Question(s) appropriate and clearly defined (2)  
Question(s) appropriate and adequately defined (1)  
Question(s) inappropriate or poorly defined (0)
2. Control group matched (where appropriate) to minimise confounding variables.  
Two groups comparable in all important variables (2)  
Two groups comparable in most important variables or any differences controlled for (1)  
Two groups poorly matched (0)

**OUTCOME MEASURES**

3. Use of valid and reliable measures  
All or majority of measures have evidence for their validity and reliability (2)  
At least 50% of measures have evidence for their validity and reliability (1)  
Less than 50% of measures have evidence for their validity and reliability (0)
4. Measures selected appropriate for assessing the impact of violence and aggression  
Measures selected provide excellent assessment (2)  
Measures selected provide adequate assessment (1)  
Measures selected provide limited assessment (0)

**STATISTICAL ANALYSIS**

5. Statistics clearly reported and appropriate for analysing primary outcome measures (confidence intervals, effect sizes and p-values are reported where appropriate)  
Statistics appropriate and clearly reported (2)

Statistics appropriate, majority clearly reported (1)  
Statistics inappropriate or few clearly reported (0)

## **EXTERNAL VALIDITY**

6. Evidence of generalizability beyond the trial population (appropriateness of study setting and recruitment procedures, evidence supported by previous research)  
Generalizability robust and clearly reported (2)  
Generalizability adequate (1)  
Generalizability limited (0)

**APPENDIX 3:**  
***Participant Information Sheet***

**Participant Information Sheet**

**Study:** Staffs' experience of violence by looked after children in a residential setting: prevalence and qualitative study.

I would like to invite you to take part in a research study. Before you decide please read the following information.

**What is the purpose of the study?**

This study aims to investigate the frequency of violence and aggression towards staff by looked-after children in a residential setting. Whilst developing a better understanding of staffs' experience of workplace violence and aggression and its impact on staff. Although workplace violence and aggression is more widely recognised as a problem there is little research on the impact that it has on workers.

**Why have I been invited?**

I am inviting people who have been working directly with looked after children in a residential setting for a minimum of 12 months. You have been invited because of your current employment in an [REDACTED] Care Home for children and young people.

**What will I have to do?**

Participation in the study involves participating in a one-to-one interview where you will be asked about your experiences of violence and aggression at work. The interview will last no more than 90 minutes and will take place in an appropriate setting from a choice of home or at the University of Edinburgh. The interview will be recorded.

**What will happen to my interview recording?**

Once your interview recording has been transcribed into a written format the audio will be destroyed. All identifying information will be removed from the written transcript. They will be given a unique identifier. Transcriptions will be securely stored on a password protected computer. Only the main researcher will have access to these. You will have the option to review your transcript before the study is written up.

**Will my answers be confidential?**

Yes. All the information discussed in the interview will be kept confidential. You may be directly quoted within study reports but neither your name nor any other identifiable information will be used. The only occasion where confidentiality would be broken is if the researcher felt the participant or anyone else was at risk.

**Do I have to take part?**

No. It is up to you to decide whether to take part or not. If you decide to participate and change your mind later you can contact the researcher and ask to withdraw from the study. It is not possible to withdraw from the study once the data has been written-up. If you have any questions about this information please contact me using the details below.

**If I would like to take part what should I do?**

If you would like to take part in the study please complete the attached consent form and return it to me in the stamped addressed envelope provided.

Please note that a maximum of 12 interviews will be conducted. Therefore, depending on response rates, it may not be possible to interview everyone who agrees to participate in an interview. A cross-section of participants who agree to participate in an interview will be chosen so that all unit types are represented. I will contact you to inform you if you have been chosen to participate in an interview or not and to subsequently make arrangements for an interview.

My contact details are: Anna Robson

Phone: [REDACTED]

Email: [REDACTED]

*Thank you very much for your time it is much appreciated*

## APPENDIX 4:

### *Participant consent form*

## Consent Form

**Study:** Staffs' experience of violence and aggression by "looked-after" children in a residential setting: prevalence and qualitative study.

*(Please tick the box as appropriate)*

I confirm that I have read and understand the information sheet for the above study and that I have had the opportunity to ask any questions.

I understand that my participation is voluntary and that I am free to withdraw without giving any reason.

I understand that I cannot withdraw my data once the study has been written-up.

I understand that the interview will be recorded.

I understand that I may be directly quoted within study reports but that neither my name nor any other identifiable information will be used.

I understand that if the researcher feels that myself or anyone else is at risk confidentiality may have to be broken.

I agree to take part in a one-to-one interview as part of this study  
(if so please provide your contact details below).

My name is \_\_\_\_\_

My contact number is \_\_\_\_\_

I would prefer to conduct the interview:

☐ at The University of Edinburgh

☐ at my home

☐ at my place of work

I would like to see the final transcript of my interview before it is analysed.

☐

I would like to have the results of this study fed back to me.

☐

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you very much for your participation.*

**APPENDIX 5:**  
***Ethical Approval from The University of Edinburgh***

From: [REDACTED]  
Sent: 23 January 2012 16:33  
To: [REDACTED]  
Cc: [REDACTED] (NHS BORDERS)  
Subject: RE: Ethical Submission Anna Robson

Hi Anna,

I am happy to confirm that your project is a level 1 application and does not require further ethical review. Good luck with your research.

Kind regards  
[REDACTED]



**APPENDIX 6:**  
***Ethical Approval from Local Council Children and Families Department***

Dear Anna

Access within the Children and Families department for your research has been granted and you are now free to make the contacts you require. Please be aware that it will be the decision of individual staff members how, or indeed if, they are able to support your research.

As part of granting this access, I would ask that you indicate how much staff time was made available to you and would also ask you to provide us with a summary of your research findings (no more than 100 words) when it is completed.

Please don't hesitate to contact me if you have any question.

Best wishes

■

■

Children and Families Department

The City of ■ Council

1:4 ■

■

Tel: ■

E-mail: ■

**APPENDIX 7:**  
***Interview Schedule***

**Violence and aggression towards staff by “looked-after children”  
in a residential setting**

**Semi-Structured Interview Guide**

This interview is to be informal. I want you to feel comfortable to speak freely and ask any questions.

It is your personal experience of violence at work by “looked after children” that I’m interested in.

I have some questions of interest here, but they are only a guide as I’m more interested in hearing what it is about this experience that is important to you. The interview will last about 60 to 90 minutes.

- Tell me a little bit about what your job entails?
- Can you tell me about a recent or significant experience of violence by young people at your work?
- In what way, if any, does violence affected you?
- What support have you had after incidents of violence?
- How have you coped after an incident of violence?
- What could have made your experience of violence and aggression better or worse?

Prompts:

- Can you tell me a little bit more about that?
- What do you mean by that?
- What does that mean to you?

***Thank you for your participation.***

**APPENDIX 8:**  
***Extract of coding***

EXPLORATORY COMMENTING Key: Descriptive; <i>Linguistic</i> ; <b>Conceptual</b>	LINE #	INTERVIEW TRANSCRIPT	EMERGENT THEMES
Again emphasising his length of experience <b>and breadth of knowledge and experiences under different ways of working.</b>	213 214 215 216	P1: I think prior to CALM coming in, I was working with the department before that came in, I think it was very much a dangerous situation for both parties. I think I can remember going into physical incidents not	Importance of experience.
Incidents of V and A were dangerous for staff and YP prior to CALM.	217	knowing what to do and it was almost a force meets	Improved management of V and A.
No clear guidelines prior to CALM – <b>lack of confidence.</b>	218 219 220	force way of managing behaviour and I think CALM removed that from us and it's much about... there's no force really needed for CALM's.	Development of policies Confidence.
<b>Trying to manage behaviour on same level as the behaviour and on same level as YP.</b>	221 222	I've been involved in a lot of incidents. I think it's difficult for staff to understand that if we invoke CALM	Not a forceful intervention Staff more in control.
No force needed in CALM – <i>suggests hesitation/ uncertainty of the statement – it's a different kind of force, not physical but staff are able to feel more in control of the situation, more sure of themselves and what they're doing, therefore they're able to be more confident and assertive in managing the behaviour.</i>	223 224 225 226 227 228 229 230	there's gonna be a response from the young person. But that for me is not a violent incident that's a response to an intervention. So I think a lot of the work that we've tried to do with staff here is about separating the two, you know, a violent incident is not if we decide to move a kid, to put hands on of course we're going to get a reaction and we have to deal with that, I don't think that's a violent incident I think that's a violent reaction	Staffs lack of understanding.  V and A as YP's response to an intervention.
Staff lack of understanding – <b>reaction to staff rather than a premeditated act of violence.</b>	231 232 233	to our behaviour and I think we've spent a lot of time working with staff on kindae getting the two slightly separate. Because I think it's different from a young	Increasing staffs understanding of V and A. Realistic expectations of YP.
Violence as a response to an intervention Working with staff to better understand V and A – <i>sense of exasperation at staff not getting it.</i>	234 235 236 237	person just coming up and being violent towards you (mmm) I think CALM has allowed people to do that. I think our staff, in numbers, and our protocol has developed	Staffs role in contributing to incidents.

**APPENDIX 9:**  
***Frequency of themes***

MASTER THEMES	SUB-ORDINATE THEMES	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	INCIDENCE
Violence in the context of young people's life experiences	Young people's triggers												
	- Response to adults action	✓	✓	✓		✓			✓		✓	✓	7
	- Response to other young people		✓			✓	✓	✓		✓	✓		6
	- Frustration at their circumstances		✓	✓		✓		✓			✓	✓	6
	Young people's relationships												
	- Young people's attachments	✓		✓			✓	✓			✓		5
	- Relations between staff and young people	✓	✓	✓	✓	✓	✓	✓	✓				8
	- Staff in a parental role		✓	✓	✓	✓	✓	✓	✓		✓	✓	9
	Young People's past life experiences.												
	- Young people's abusive pasts		✓	✓	✓			✓	✓	✓	✓	✓	8
	- Learnt behaviour	✓	✓	✓		✓	✓	✓	✓			✓	8
	- Poor coping skills		✓	✓			✓	✓			✓	✓	6
	- Staff's ability to de-personalise violence within this context	✓		✓		✓	✓	✓		✓	✓	✓	8
Impact of violence	Professional consequences												
	- Habituation	✓		✓					✓			✓	4
	- Hyper-vigilance		✓						✓	✓	✓		4
	- Acceptance as part of the job	✓							✓			✓	3
	- Sense of vulnerability		✓				✓		✓	✓	✓		5
	- Changing practice						✓		✓		✓		3
	Emotional impact												
	- Negative impact on wellbeing		✓	✓	✓			✓	✓			✓	6
	- Staff bottling-up their emotions												4

			✓	✓					✓		✓		
Staffs' coping mechanisms	Personal protective factors												
	- Support of family and friends	✓	✓	✓	✓		✓	✓	✓	✓		✓	9
	- Ability to leave work at work					✓	✓		✓	✓		✓	5
	- Hobbies and interests	✓		✓	✓				✓	✓			5
	Organisational responses												
	- Colleague support	✓		✓		✓	✓	✓	✓		✓		7
	- Managerial support	✓		✓				✓	✓	✓			5
	- Team reflection	✓	✓	✓		✓	✓	✓		✓	✓	✓	9
Management of violence	Use of CALM												
	- Changing culture within residential care as a result of CALM	✓	✓								✓	✓	4
	- De-escalation strategies												
	- Physical restraints	✓	✓	✓		✓		✓			✓	✓	6
						✓	✓	✓		✓	✓	✓	9
	Police involvement												
	- Criminal charges	✓			✓		✓			✓			4
	- Questionable value of police involvement		✓				✓		✓	✓			4

**APPENDIX 10:**  
***Author Guidelines for 'British Journal of Social Work' (relevant extracts)***

## 1. GENERAL

The Journal appears eight times a year and publishes a wide variety of articles relevant to social work in all its aspects. Original articles are considered on any aspect of social work practice, research, theory and education. Major articles should not exceed 7000 words in length, excluding the abstract, but including references, tables and figures. In addition, shorter articles are welcomed. Short replies to published articles (maximum 1500 words) can be published if thought by the editor (s) to be of interest to the readership.

## 2. PREPARATION OF MANUSCRIPTS

Articles must be word processed, ideally using Microsoft Word, for uploading to Manuscript Central, and should allow good margins. Authors will also need to supply a title page, uploaded separately to the main text of their manuscript. This must include the article title, authors' names and affiliations, and corresponding author's full contact details, including email address, plus any sources of funding and acknowledgements if appropriate. The final version of the manuscript will need to include the article title, abstract, keywords and subject categories, body of text, references, figures and tables. Spelling must be consistent within an article, following British usage (Shorter Oxford English Dictionary). Spelling in references should follow the original.

Please refer to any self-citations as 'author's own' in both text and bibliography until publication." ie (Authors' own, 2007). Please put these at the beginning of the reference list so that there is no alphabetic clue as to name spelling. This will ensure anonymity.

## 3. REFERENCES

Authors are asked to pay particular attention to the accuracy, punctuation and correct presentation of references. In-text references should be cited by giving the author's name, year of publication (Smith, 1928) and specific page numbers after a direct quotation. In-text lists of references should be in chronological order. A reference list should appear at the end and should include only those references cited in the text. References should be double spaced, arranged alphabetically by author, and chronologically for each author. Publications for the same author appearing in a single year should use a,b,c etc.

## APPENDIX 11:

### *Author Guidelines for 'Child and Family Social Work' (relevant extracts)*

#### 1. GENERAL

Child & Family Social Work provides a forum where researchers, practitioners, policy-makers and managers in the field exchange knowledge, increase understanding and develop notions of good practice. In its promotion of research and practice, which is both disciplined and articulate, the Journal is dedicated to advancing the wellbeing and welfare of children and their families throughout the world.

Child & Family Social Work publishes original and distinguished contributions on matters of research, theory, policy and practice in the field of social work with children and their families. The Journal gives international definition to the discipline and practice of child and family social work.

#### 2. MANUSCRIPT TYPES ACCEPTED

Manuscripts should normally be a maximum of 7000 words, including abstract and references, although shorter papers will be welcomed. One copy of an abstract, not exceeding 200 words, should accompany the manuscript. The abstract should be followed by up to six keywords.

#### 3. REFERENCES

Harvard style must be used. In the text the names of authors should be cited followed by the date of publication, e.g. Adams & Boston (1993). Where there are three or more authors, the first author's name followed by *et al.* should be used in the text, e.g. Goldberg *et al.* (1994). The reference list should be prepared on a separate sheet with names listed in alphabetical order. The references should list authors' surnames and initials, date of publication, title of article, name of book or journal, volume number or edition, editors, publisher and place of publication. In the case of an article or book chapter, page numbers should be included routinely.

#### 4. TABLES

Tables: These should only be used to clarify important points. Tables must, as far as possible, be self-explanatory. Tables must be typewritten on a separate sheet. No vertical rules should be used. Units should appear in parentheses in the column headings. All abbreviations should be defined in a footnote. The tables should be numbered consecutively with Arabic numerals. All tables should be referred to in the text and their appropriate positions indicated in the text.